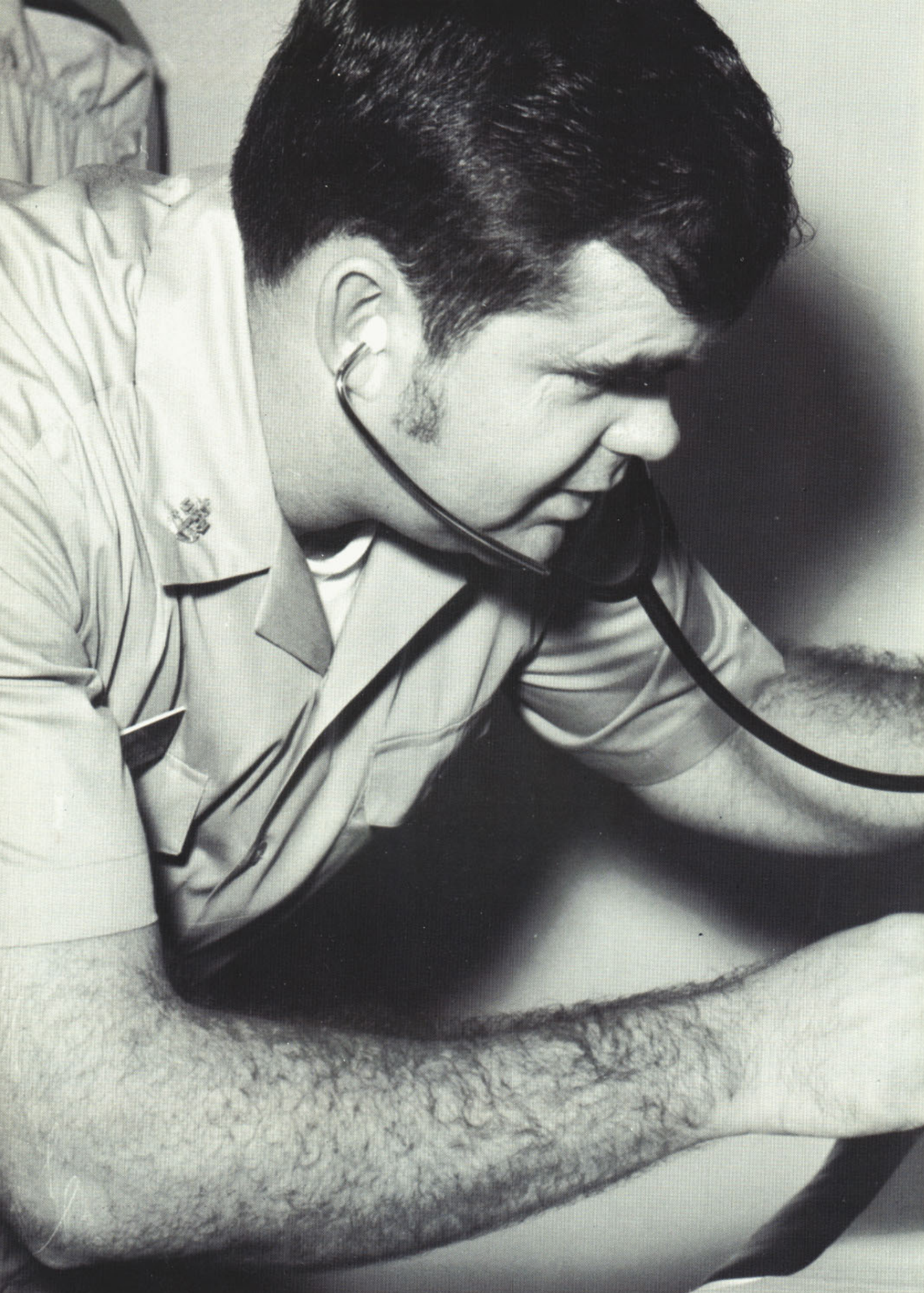




MARCH 1973

# ALL HANDS







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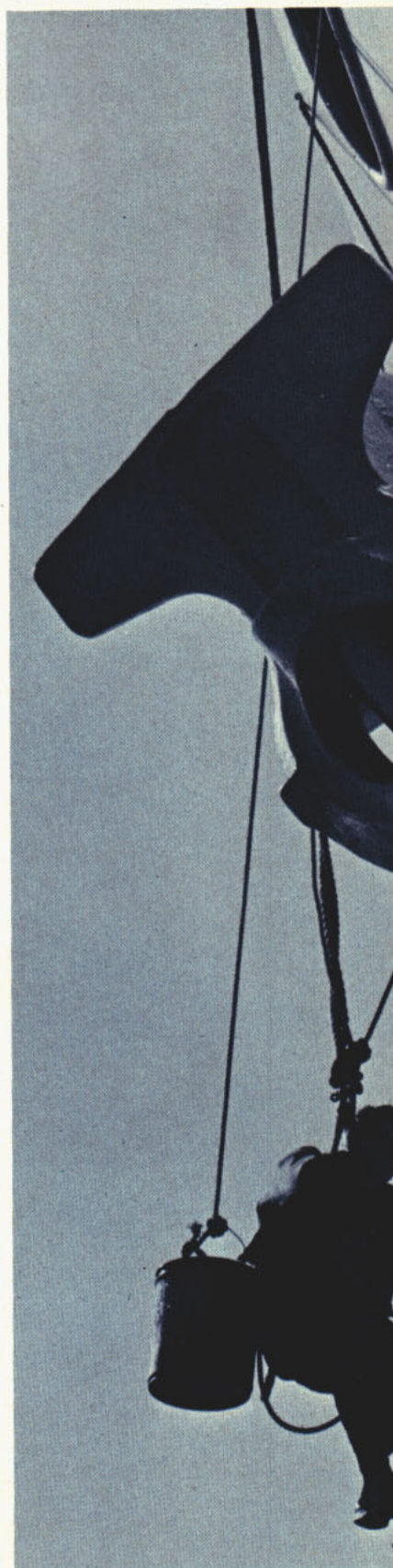
• FRONT COVER: ON THE BRIDGE—Experienced staff artist Michael D. Tuffli's colorful rendering of the helmsman aboard the USS Purdy (DD 734) is adapted from a photo by Petty Officer Riley.

• AT LEFT: THAT'S COLD, CHIEF—Among the many benefits of a Navy career, free health care for Navymen and their families is the most valuable. The best qualified doctors, nurses and corpsmen are at the Navy's service helping preserve the Navymen's most precious possessions—his health and that of his family. Photo by PH1 J. Greaves.





*Paint  
Paint  
and more  
Paint  
...it really pays off*







**C**HIPPING PAINT OFF NAVY SHIPS and putting on a fresh coat assume monumental proportions and seemingly (to those who do the work) accomplish nothing, for a ship is never completely covered with fresh paint. Despite the apparent futility of the work, however, paint is an important item in keeping the United States fleets afloat.

The Navy's enemy is not always composed of potentially hostile human forces. It is also the highly corrosive water of the sea and air found in a marine environment. For such enemies, paint, among other agents, is much more effective than guns. It is even used to discourage marine life such as barnacles from attaching themselves to ships. Barnacles, considering their size, do an inordinate amount of damage.

A barnacle is a very small univalve mollusk which, by itself, would hardly rate anybody's notice. En masse, however, these small animals are formidable for they like to attach themselves to slimy underwater surfaces. If undisturbed, they will build themselves into layers several inches thick. This, in turn, can slow a ship and force it to consume an excessive amount of fuel. Finding a paint which will discourage the growth of barnacles has been a matter of constant research for the Navy. As yet the research hasn't been entirely successful. Some paints have produced results but the effect is only temporary.

For example, reasonably effective antifouling paint having an ingredient which poisons barnacles prevents them from collecting on a ship's hull. After awhile, however, the paint loses its effect and marine growth encroaches on the underwater surfaces despite the





# Paint Paint and more Paint

paint. Barnacles are notoriously prolific and it takes no time at all for an encrustation of several inches to build up.

**B**UT THE AVERAGE NAVYMAN is concerned only with painting his ship above the water line. So far as he is concerned, the principal purpose of applying paint is to make his ship look good and provide a coating which excludes air and moisture from metal surfaces. The latter, of course, prevents rust.

Several years ago, the Navy began a high performance coating program to reduce the manhours spent painting ships for corrosion protection as well as for appearance. It was considered that the use of high performance coatings, such as inorganic zinc primer and silicone-alkyd topcoat, would inhibit corrosion and

rust staining on topside exteriors. From the appearance standpoint, the new coating also provided improved color and gloss retention.

To test the products, four destroyers were selected from ComCruDesLant and two were painted with the standard Navy red lead primer and haze gray topcoat. The topside exteriors of the other two ships were blasted with abrasives, given a prime coat of inorganic zinc and a topcoat of haze gray silicone-alkyd paint.

**M**AINTENANCE RECORDS were then kept for 18 months. Every bucket of paint, where it was used in the test ships, and whether it was used for touch-up or recoating was carefully noted. Data was also kept concerning manhours spent on surface preparation as well as painting and the reason for painting.

By the end of the evaluation period, the ships painted with the new high-performance coatings showed about 60 per cent reduction in maintenance over the conventionally painted ships.

After this success, an epoxy coating system developed at Mare Island was evaluated for use on areas including underwater hull, topside exteriors on submarines, tanks, wet spaces and particularly bilges.

The epoxy covering, too, proved to be a considerable improvement. Although much effort was initially





required to clean and prepare surfaces in bilges, reports indicated that maintenance was significantly reduced and that the time spent applying the epoxy was worth the effort. All these improved products are being included in standard stock and new ship specifications call for use of high-performance coatings.

In addition to paint, there are other coatings which can be used. For example, chemical coatings are employed to produce a chemical reaction between surface metal and whatever solution is used. Phosphate is often used for this purpose. The part which needs protection is dipped in or sprayed with a solution of metallic phosphates to produce a coating that not only resists atmospheric corrosion but also acts as an excellent base for paints. Even magnesium and aluminum are protected by chemical coatings such as chromate. Oxide and silicate are also used to protect some metals.

More familiar to apprentice seamen, however, are the nonmetallic coatings such as paint, varnish, plastics, natural and synthetic rubber, bituminous and petroleum products which form a mechanical film against air and moisture. Paint, of course, is the most widely used of these materials but its effectiveness depends on how dry and clean the surface is when the paint is applied.

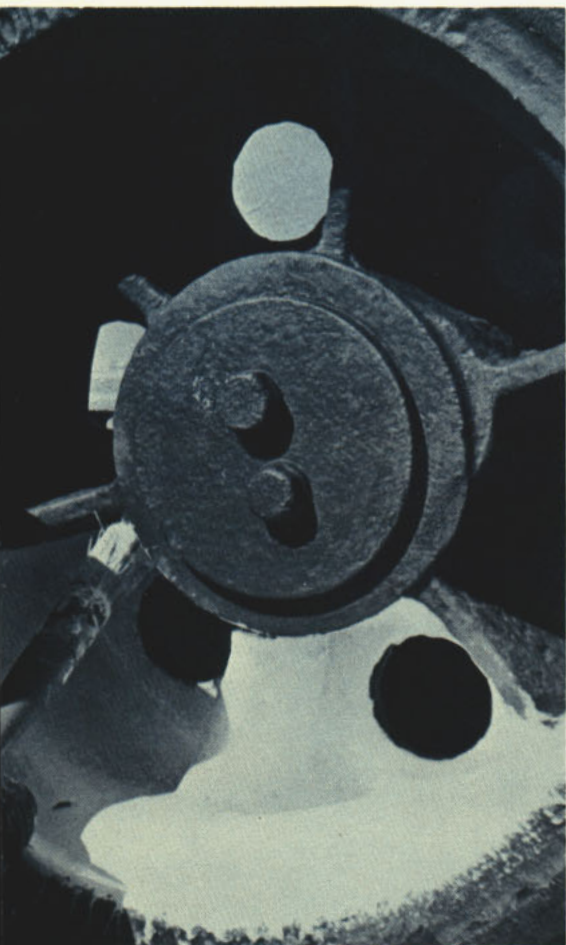
**S**eamen who consider themselves stuck with the job of chipping or otherwise preparing a steel surface for paint, can take at least a modicum of comfort in knowing that there is no known way of keeping paint on a rusty, dirty, dusty, greasy or damp surface. If paint is applied over a rusty surface, for example, the rust continues to spread beneath the paint which eventually flakes off.

Usually rust, old paint and such are removed with the help of power sanders, wire brushes or hand scrapers and hammers. Sometimes electrically heated devices are used to blister old paint. In the hands of a skilled operator who doesn't scorch the metal underneath, a torch can be useful.

Actually, chipping paint with a hammer isn't particularly recommended because it leaves surface irregularities. It's been known that men have even chipped through the ship's skin. There's less danger, however, if a scraper is used.

To get off the oil and grease which inevitably ac-

**Far left:** Painting the bow area of the store ship USS Rigel (AF 58). **Center:** A crewman paints a windlass aboard the destroyer USS Steinaker (DD 863). **Below:** Boatwain's chair is used in painting USS Rigel while the ship was in port.





# Paint Paint and more Paint

accumulate on a ship, paint thinner and similar compounds are frequently used to dissolve the film on the surface which can then be washed and wiped off before the paint is applied.

**W**HILE PAINTS HAVE IMPROVED and chemical solutions, torches and electric tools aid men preparing surfaces for painting, there has been little change in the method of applying paint. Most painting is still done by means of a brush.

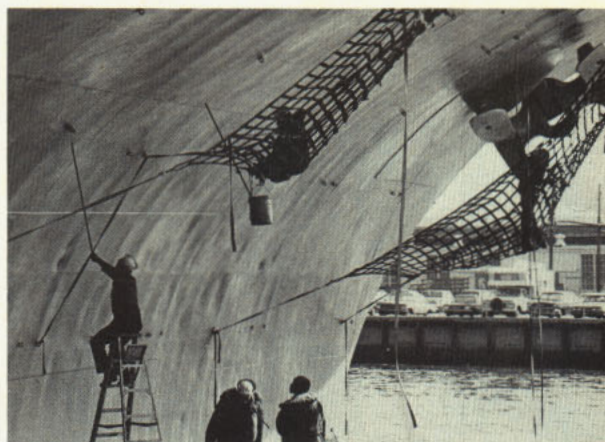
Despite the continuing prevalence of the paintbrush, however, there has been one rather unspectacular but helpful device made available for painting large

uninterrupted surfaces. Rollers have come into use whenever they are practical. They have the advantage of being attachable to long poles which enable the painter to remain relatively stationary while he covers a large area with paint. Whenever rollers can be used, they usually do the job much faster than it would be done by a man wielding a brush.

For those who wonder why the Navy doesn't build its ships with metals that don't corrode, the answer is: it has. The Navy uses many such metals in its ships. Frequently, however, the metals also develop problems of their own.

A bronze propeller, for example, which is secured to a steel shaft and turns in seawater (which is electrolytic) creates the possibility of electrochemical attack on the shaft and the ship's hull. Even the bronze propeller may suffer from cavitation and corrosion-erosion attack. The same problem occurs in pumps which handle seawater.

**T**HE HULL AND SUPERSTRUCTURE of a ship are usually made of plain carbon steel which requires continual chipping and painting. Some superstructures,





however, have been built of aluminum alloys which resist atmospheric corrosion. But such superstructures soon tend to separate from steel decks as a result of the same electrochemical action which is caused by the rotation of a bronze propeller on a steel shaft in seawater.

There is, in fact, no known alloy such as stainless steel which is immune to corroding media, although such alloys do inhibit corroding influences by the addition of small amounts of manganese, silicon, columbium, titanium, molybdenum or nitrogen.

The only known method of preventing a ship from corroding is to protect it from the environment which does the damage. This is, of course, partially done when a ship is put in mothballs. The interior (and sometimes some of the exterior) is sealed and kept dry with air-conditioning. Such items as guns, tanks and planes are sealed in completely moisture-proof covers and provided with moisture-absorbing agents.

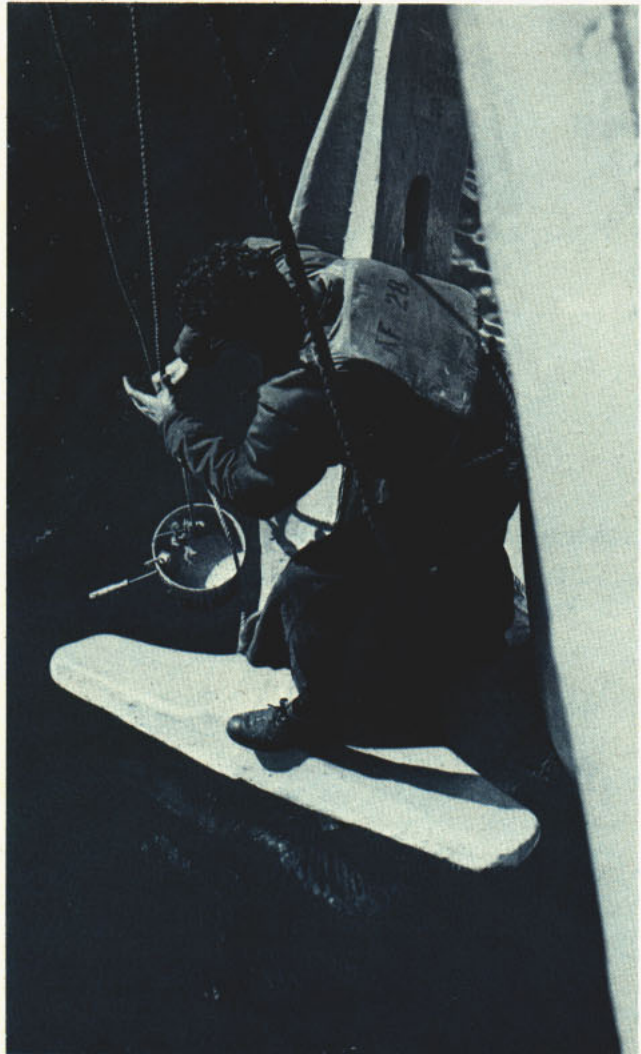
Of course, the protection afforded ships in mothballs cannot be given to those in the active Navy. Nor has any effective substitute for the paintbrush and roller been found. Although Mother Nature still has

a way of getting under the Navy's skin of paint, research has developed products which keep ships rust-free and looking good for longer periods of time.

Sailors probably will be manning paintbrushes, rollers and scrapers for some time to come but they will undoubtedly continue to do so less frequently. Navy researchers will continue their efforts to develop high performance coatings.

—Robert Neil

Facing page, left & right top: Painting the amphibious assault ship USS Boxer (LPH 4). Facing page bottom: Crewmen prepare amphibious cargo ship USS Capricornus (LKA 57) for painting at Norfolk. Below, left: Stretching from the top of ladder to paint a ship's hull. Below: Painting Rigel at Norfolk.







# NAS NATC PAX:

**A** LOT OF NAVYMEN stationed at the Naval Air Station or the Naval Air Test Center at Patuxent River, Md., consider themselves at the garden spot of naval aviation. They are also pleased to remind anyone who will listen that their neighborhood has, for many years, been called "the land of pleasant living."

To make their point, they call attention to the countless waterways in their part of the country and to the woodlands of southern Maryland which make it a sportsman's paradise. For those who may once have shuddered at the less than abundant housing around Pax River, enthusiasts point to activities of commercial developers and to the government housing which has been improved at the Naval Air Station itself.

Actually, their Chamber of Commerce approach is well founded in fact. The area is not only rich in natural beauty but is also tied with local history. For

example, portions of the air station were, in colonial days, the site of Susquehanna, the estate of Christopher Rousby, the King's tax collector. Rousby's house has since been transported to Dearborn, Mich., where it was restored by the late Henry Ford.

There is also the elegant 17th century house called Mattapany located where the Patuxent River empties into Chesapeake Bay. At the present time, it is occupied by the commander of the Test Center but Mattapany was once the home of the third Lord Baltimore. A document important to the establishment of Maryland's religious freedom was signed there.

**T**HE STATION'S QUAIN CHAPEL was once the site of St. Nicholas' Church, a house of worship erected in 1795. Inside the chapel is a crucifix sculptured by Felix de Weldon who also executed the well-known Marine Memorial in Arlington National Cemetery de-





## Challenging assignments and interesting duty in Maryland — Land of Pleasant Living

picting the flag raising on Mt. Suribachi. Mr. de Weldon was himself a Navyman at Pax River during the 1940s.

A lot has happened around Patuxent River during and subsequent to Mr. de Weldon's hitch. It was, for example, at Pax River that the first U. S. jet-powered aircraft was tested. Radar mining, which was used in the Japanese home waters during World War II, and night fighter tactics, both were developed at Patuxent River. Radar fire control, radar tracking, field lighting and instrument landing techniques were all known to Patuxent River before they came into common use in the Navy.

So thorough was the testing of airplanes at Pax River during World War II that one leading combat aircraft underwent 19,000 design improvements at the recommendations of the test center.

But Pax River wasn't interested only in making U. S.



Far left: A Marine stands guard at the main gate at Pax River. Center: Aerial vista of the Patuxent River and Chesapeake Bay showing the station's 11,800-foot main runway. Above: The 17th century colonial home, Mattapani, an historic site.

equipment strong; it was also bent upon discovering the weak spots in the enemy's aircraft. Captured German *Focke-Wulf* 190, *Dornier* DO 335A, *Messerschmitt* ME-109F and the Japanese "Kate" and "Tony" aircraft were examined at Pax for vulnerability. Reports on weaknesses detected by the Pax River test pilots were passed on to the Fleet. The result: More enemy aircraft were biting the dust during the latter stages of the war than ever before.

**F**ROM SUCH TESTING EVOLVED a test pilot training course and later the U. S. Naval Test Pilot School. Graduates of the school are on duty with research and development branches of all the armed services; many of its alumni have become astronauts. These include John H. Glenn, Jr., James A. Lovell, Jr., Charles Conrad, Jr., M. Scott Carpenter, Walter M. Schirra, Jr., Alan L. Bean, Alan B. Shepard, Jr., John W. Young and Richard F. Gordon.

Although Pax River no longer radiates the glamor of flyers who are now legend, the station has a new sense of excitement provided by today's engineering



## NAS / NATC PAX

**Right:** The German fighter Messerschmitt ME-109 was among captured enemy aircraft studied at Pax River during World War II. **Center:** The Navy's new air superiority fighter, the F-14A Tomcat, is undergoing extensive testing. **Bottom:** A comfortable, air-conditioned barracks houses 1000 enlisted men.

test pilot. His methods are much more sophisticated than those used by test pilots in days gone by but there is still a fascination and the varied inventory of planes being tested adds to this.

There are 30 different models with 74 different configurations in a collection of about 165 aircraft. Some serve as test beds for new systems while others have undergone modification and require extensive reexamination. At present, considerable attention is being focused on the F-14A which is the Navy's new air superiority fighter and the S-3A, the new carrier-based antisubmarine warfare aircraft. Both were subjected to carrier suitability demonstrations as part of the Navy's evaluation of both. Formal boards of Inspection and Survey service acceptance trials are scheduled for this year.

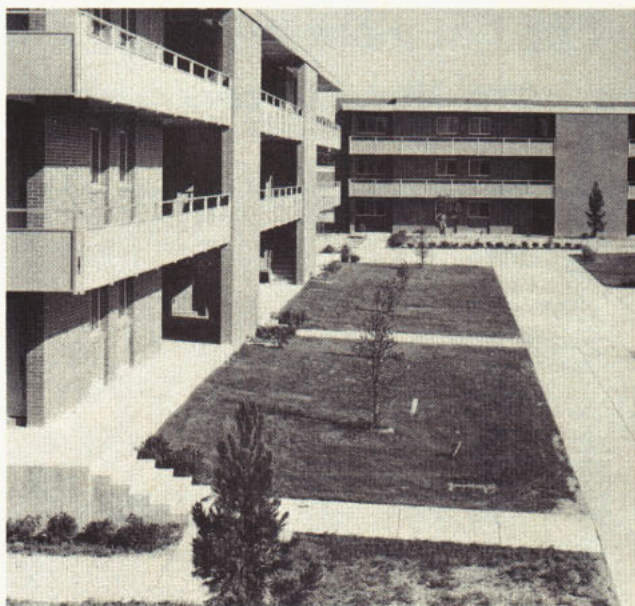
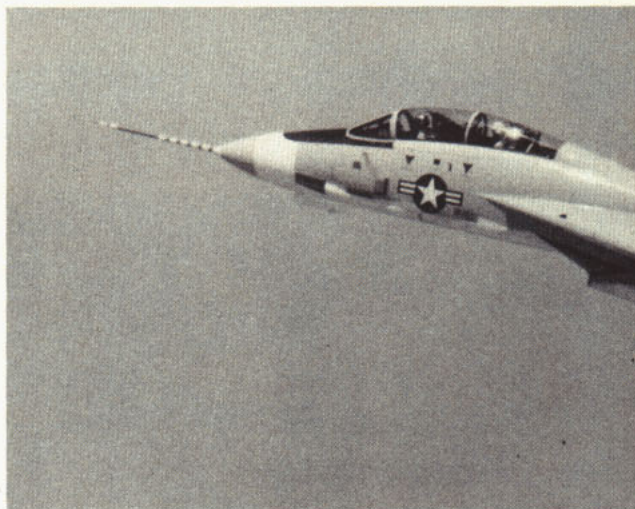
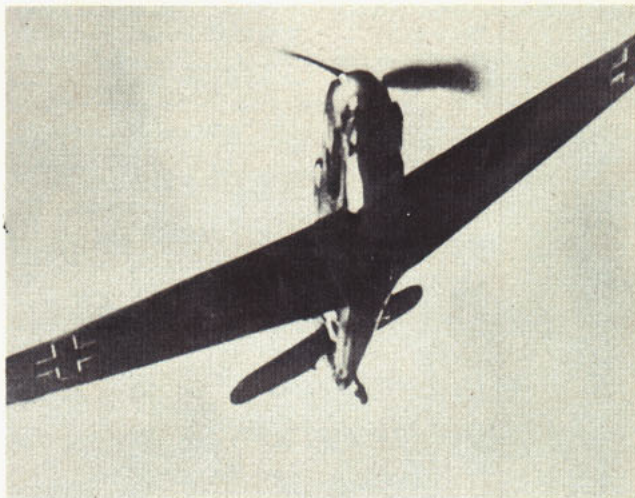
The Navy's new surface effect ships are also coming up this year for test and evaluation at the center. Two 100-ton vessels being developed under Navy contract, in fact, are scheduled to arrive at Pax this spring.

**F**OR THOSE WHO LIKE TO DWELL on the more down-to-earth aspects of how a guy lives while stationed at Patuxent River, the local enthusiasts point to the brick, fully air-conditioned dormitory complex that comfortably accommodates 1000 bachelor enlisted men. Married men and their families occupy an additional 300 modern apartments which have recently been constructed to bring the station's total family units to 809.

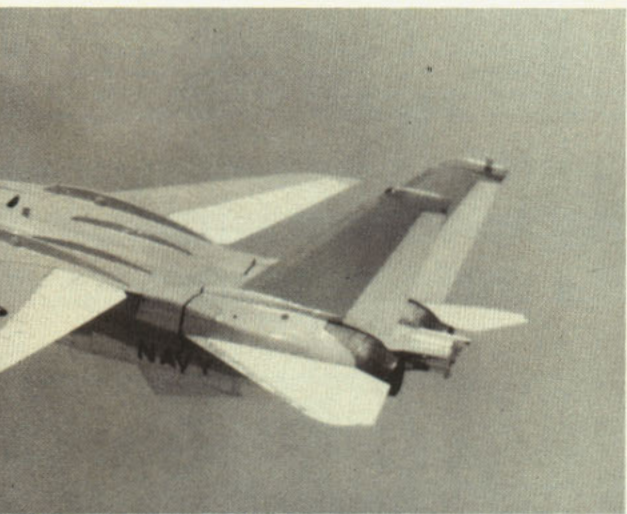
The command has contracted for civilians to operate the dining hall which comes complete with waitresses. Recently civilianized housekeeping jobs make living in the bachelor enlisted quarters even more pleasant than might otherwise have been possible.

Recreation aboard the station is geared for sportsmen. There's golf, tennis, hunting, fresh and saltwater fishing, oystering, crabbing, swimming, sailing, water skiing, camping and picnicking. Navymen stationed at Pax River can check out almost every conceivable kind of sports equipment including guns, rods and reels. Even powerboats and camper trailers are available to military families.

By the time the local Patuxent River enthusiast comes to this point in enumerating the installation's good points, he usually takes a deep breath and, with a mighty yank, pulls the motor of his powerboat into life and heads out in the Chesapeake Bay for some fishing. Anybody interested in learning more about the good points of the Naval Air Test Center and the Naval Air Station at Patuxent River, Md., is left to his own devices.







Above left: Countless acres of salt and fresh water in the Pax River area can satisfy fishermen of all ages. Above: Headquarters for local sportsmen is the Mattapany Rod & Gun Club which also promotes wildlife conservation. Below: Thick woods provide a rustic atmosphere for campers at the air station.





TEAMWORK, TRAINING, FORTITUDE:

# That's Damage





# Control

**I**N PEACETIME, as in war, there is always the possibility that a Navy ship could sustain serious damage. That potentiality is something with which every seagoing man must live.

The danger of enemy action in time of war is, of course, ever present but there are also hazards such as fire, collision, grounding and explosion which are possible at any time. The job of coping with these perils in either peace or war logically falls to every man on board who is assigned to a damage control party.

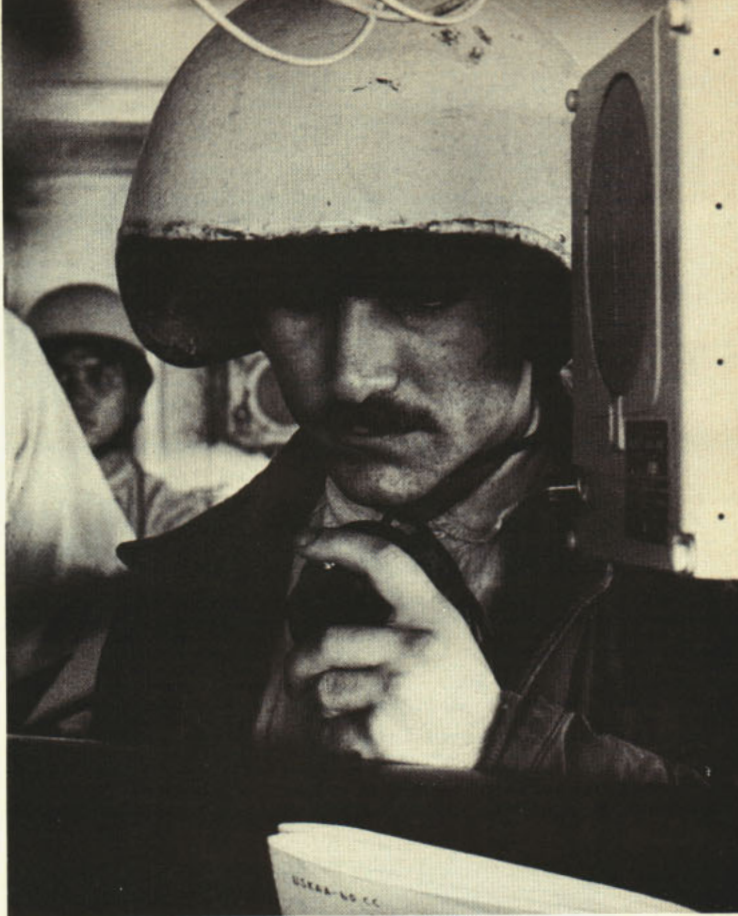
These parties, which are composed of men from many ratings, learn to work as a team through constant drills so that damage, which is usually unexpected, can be kept to a minimum. When trouble comes, every man assigned to damage control works to keep what may be a relatively simple mishap from turning into a disaster. He does this by repairing whatever harm has been done as quickly as possible.

**I**T TAKES ALMOST NO IMAGINATION to see that such jobs can mean the difference between a fighting ship or one that is a sitting duck at the mercy of enemy fire. In peacetime, too, the work of a damage control party can mean the difference between a damaged ship and one which capsizes, or the difference between a small fire or an uncontrollable holocaust.

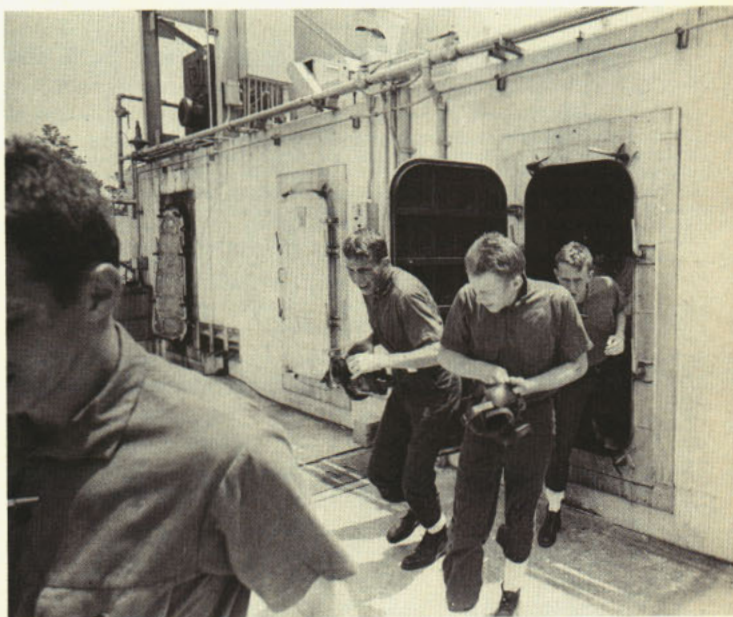
Damage, even in today's increasingly automated Navy, is still not controlled by pushing buttons. It still takes men with guts who are quick to go into action to keep their ship afloat and fighting.

The Navy's damage control techniques developed by leaps and bounds during World War II, particularly in the Pacific. It is easy to trace the increasing effectiveness of DC parties from Pearl Harbor to the Battle of Midway. The ultimate in the art was reached during the war's final phases with the onslaught of the kamikaze pilots whose death dives in bomb-laden planes did incredible harm to our ships.

Most Navymen have at least seen World War II pictures of ships with bows sheared off, with great holes gaping in the decks and hulls, or lying low in



Facing page: Sailors attempt to stop up a ruptured pipe in the wet environmental trainer. Above: In damage control central, the phone talker has the vital job of relaying ship conditions to the commanding officer. Below: In boot camp, the recruits are required to take firefighting training, in simulated conditions.







## DAMAGE CONTROL

the water with their superstructures crumpled like so much tinfoil. That these ships were kept afloat taxes the imagination and that many were kept in a fighting condition seems a miracle of sorts. In many cases, the miracle was helped along through the skill of ships' damage control parties.

Let's take a look at the anatomy of damage control and how it functions. The nerve center of damage control is DC Central. On a big ship, it is manned by the damage control assistant, a stability officer, a casualty board operator and a damage analyst. There may also be representatives of fuel oil, electrical and ordnance groups, and telephone talkers who are often men from clerical ratings, to take and transmit information from and to the various damage control stations throughout the ship. They can use several communications systems to keep up the flow of information even though the ship is in pretty bad shape.

**I**N SMALL SHIPS, damage control central may simply be one of the damage control stations. Regardless of what or where it is, there are always alternates which can take over if DC Central is destroyed. There are also provisions for passing down the leadership of damage control parties.

If DC Central is the brain of damage control, the nerve endings are in the repair parties. There is one to fight damage in every part of the ship—a deck or topside repair party, a forward party, and amidships, propulsion and gunnery repair parties. Assigned to each party are men in ratings normally found in the area the party safeguards. For example, a propulsion DC party might have machinist's mates, machinery repairmen, boiler technicians, enginemen and firemen. It also is likely to have an electrical officer or a senior electrician's mate.

The jobs done by men engaged in damage control are myriad. The specialists in the field—the hull maintenance technicians themselves—spend a lot of time taking preventive measures. It is their job to see that watertight and airtight fittings such as hatches and

doors are really tight. If they have done their job well, when trouble comes and water or fumes spread throughout the ship, the affected compartments can be isolated, thus preventing further flooding or minimizing the danger of explosion. They keep an eye on the ship's draft and correct it from time to time to maintain the ship's stability.

Hull maintenance technicians take soundings to see if dry spaces are really dry, or that spaces containing liquid don't contain too much or even too little, for this often produces danger in the form of too greatly increased free surface effect. If the ship lists after damage has been inflicted, spaces may have to be flooded to correct the ship's balance.

**A**LTHOUGH MANY NAVYMEN may spend their entire careers in the Navy without having to cope with battle damage, many have experienced the fury of a

**Above:** In 1959, high seas severely battered the forward flight deck aboard USS Valley Forge (CVS 45). **Below:** An A-4E Skyhawk is damaged aboard USS Oriskany (CVA 34) in 1966.







Above and right: At Navy Fire Fighting School in Norfolk, trainees battle a roaring blaze with foam and fog. Below: Use of an oxygen breathing apparatus (OBA) is essential in entering smoke-filled chambers. Bottom: In a simulation, a trainee is preparing to fight a fire while his comrade stands by to protect him with a fine spray from a special nozzle.



storm at sea and seen the awesome strength of wind and waves. There have been so many storms at sea which have damaged or grounded Navy ships that it is difficult to single out one as an example of the problems which confront damage control parties. Early in 1959, however, the men on board *uss Valley Forge* (CVS 45) experienced what might have been one of the more spectacular attempts made by the sea on the life of a Navy ship. The onslaught of the wind and waves brought into play all the training and teamwork its damage control parties could muster.

It was movie time aboard *Valley Forge* which was about a week out of Norfolk and the barometer was pushing down on 29.6 inches. The wind had hit 72 knots, whining through clusters of radar antennas and drowning the whistle blasts that emerged at clocked intervals. The seas ranged from 50 to 60 feet and *Valley Forge* pitched more than 85 feet.

All hands were repeatedly warned to keep clear of the flight deck, catwalks and all weather decks and spaces. During the third reel of the night's movie in the wardroom, the ship rolled violently to port then paused at 22 degrees. There was a slow vertical tremor as though the ship were riding over a series of timbers. Dishes crashed in the pantry and men braced themselves in their chairs. The beleaguered movie operator lunged toward the projector in time to keep it from skipping off the table. Just then, an announcement came from the bridge saying that the forward end of the flight deck had been carried away.



**A**T THE HEIGHT OF THE STORM, green seas broke over the flight deck and ripped loose a section of



## DAMAGE CONTROL

the port catwalk, hurling it across the catapults. Before the ship could recover from this blow, a second and much larger green sea struck. The port side of the flight deck, unable to withstand the second blow, gave way and an area extending 70 feet aft broke off in two sections. The larger section, partly sheared off, yet held fast to the deck though it was bent down. The smaller section containing the port catapult track, was severed completely and it hung by an unparted catapult cable and a bundle of electrical conduits. This section swayed freely, pounding the ship's side with each roll. It punctured the hull plating, exposing a stateroom, occupants and all.

Meanwhile, strong gasoline fumes were detected on the hangar deck. Damage control took the pre-

caution of lowering the number three elevator to provide ventilation during the search for fumes.

First decision which confronted damage control was what to do about the constant pounding of the broken-off flight deck section against the hull. If the cables holding it parted, the bare ends of the wires could start fires, particularly in the presence of gasoline fumes.

**A**FTER STUDYING the situation, however, damage control decided not to cut the section adrift and to trust the strength of the cables until daybreak. When the origin of the fumes was traced to fuel tank vents of aircraft on the hangar deck, about 10 gallons were drained from each tank eliminating that hazard.

Meanwhile, all electrical circuits in the forward area had been secured. This was important. (Not securing electrical circuits in the damage area is a common error in damage control exercises.) All compartments forward of frame 15 were evacuated.

The next morning, the storm was still going full



## HEAVE HO!

**A**S SALVAGE SHIP 562 feet long may seem unusual but, when an LVT (Landing Vehicle, Tracked), sank in 50 feet of water off Vieques Island, Puerto Rico, the 562-foot USS *Portland* (LSD 37) was willing to try raising it. However, for a dock landing ship, there were several difficulties involved.

One lay in maneuvering *Portland* to a position where she could use one of her boat and aircraft cranes—a job which wasn't made easier by a tricky 17-knot breeze. Nevertheless, Captain John Josephson, *Portland's* commanding officer, coaxed his ship around so that her starboard crane was nearly over the sunken landing vehicle.

Meanwhile, divers from Underwater Demolition Team 21 embarked aboard *Portland* had opened the LVT's bow door and escape hatches to permit drainage when she was raised. They then put the vehicle in neutral and attached a lifting bridle to her. Final positioning of *Portland* over the sunken LVT was accomplished by heaving around on a large line running to the LVT from a power winch in *Portland*.

Although the LVT was ready to raise, it was still anybody's guess as to whether it could actually be saved. *Portland's* crane could lift only 50 tons and the water-filled LVT would weigh about 86 tons. The success of the job depended on whether or not the



blast. Deck watches secured planes and equipment. Hull maintenance technicians found daylight showed much greater harm than had been suspected in the dark. The forward end of the flight deck was distorted to such an extent that the starboard catapult track appeared to be misaligned and the number one elevator was jammed in place. From a forward compartment, buckled plates could be seen and heavy steel beams were twisted.

As soon as it was light enough to work, a damage control party cut the catapult cable and conduits and the dangling smaller section of the flight deck was set adrift. Had the carrier been operating under war-time conditions, the flight deck would have been jury-rigged and the catapult repaired to keep the planes in operation.

When the wind had abated to a mere 35 knots, there were the usual stories—one to the effect that the clinometer in main engine control had pointed to 40 degrees. For damage control parties, however, such stories were unnecessary. It was quite obvious

that they had been through one helluva storm.

**A**S EVERY NAVYMAN KNOWS, the mastery of damage control is no accident. Men are instructed in its techniques before they ever go to sea and their knowledge is increased and sharpened by frequent drills so the prospective damage control party will know what to do when the situation is real.

Not only does the Navy deal with the kind of harm it has experienced, but it also teaches men how to cope with situations which have not yet been experienced such as atomic, biological and chemical attacks.

Damage control is the checkmate of disaster. It is to the credit of these parties that their efforts usually have been successful although they frequently work against odds which seem impossible. Time after time, DC parties have kept ships afloat and in fighting condition when many would have considered the situation hopeless.

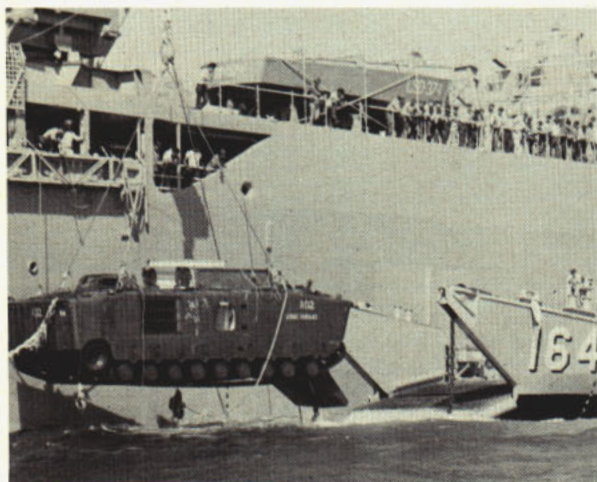
—Robert Neil

LVT would drain sufficiently when she broached to permit the 50-ton crane to lift the vehicle enough to load on the waiting LCU 1641.

Finally, the vehicle cleared the water and dangled some 60 to 70 feet from the boom end by wire rope. The slightest roll by *Portland* at this point could turn the LVT into a ponderous pendulum. Fortunately, however, those tending the steadying lines of the LVT and the seamanship of BMC James Brant, LCU 1641's officer in charge, resulted in the massive amphibian being lowered safely to the deck of the landing craft.

—Story by LTJG William F. Young, USN.

—Photos by PH2 Brunner.





HAVE YOU  
CHECKED YOUR

# NET WORTH BALANCE SHEET?







**T**HE PRICE OF TEA IN CHINA may not mean much to you, but the price of meat in Seattle or Omaha or Atlanta is probably pretty important—especially if you are planning to live in one of the nation's metropolitan areas when you get out of the Navy. That's why the information that your local career counselor has could be very important to you and your future. (See also the Navy News Brief on this subject in the January 1973 issue.)

For instance, suppose that you went to a Navy school where you learned a lot about electricity, became an Electronics Technician (ET), and when your hitch is up, you might want to settle in a place like Dallas and work as an electrician or an electronics mechanic. If you have a family, you'll probably rent an apartment or house at first, but eventually you'll want to buy a place of your own.

**I**F YOU'RE LIKE MOST YOUNG FAMILIES today, you've done some planning for your future, and you may even know how many kids you want, what kind of home that's suitable, what you'll want to do in your spare time, and what kind of education you'll want to give to your children. But even if you've got that all figured, there are a lot of questions you haven't answered, such as:

- How much would I expect to be making in Dallas as an electrician?
- What kind of money would I have to spend if we live in a decent place and if we participate in our normal recreational activities?
- If we decide to have another child, how much is that going to cost in medical expenses?
- If I wanted to go back to school, how much money would I have to do that?
- What about other things like food, transportation, clothing, and furniture?

Maybe you thought that the answers to these questions aren't available. That's not true—they're all in statistics published by the U. S. Department of Labor, and your career counselor has adapted the information in a book called "Comparative Occupational Pay Briefs" especially for men and women in the Navy.

(See page 22 →)



## Take a look at yourself.

Where are you now? You're a Navyman, maybe counting the days you've got left. But slow down a second, and count up what you've done with the past few years. Because that's where you are right now, and whatever you do next is going to be measured against it.

1. Why did you enter the Navy? *Schools*
2. What are your test scores?  
GCT *68* ARI *65* MECH *53*  
CLER *55* SONAR *73* RADIO *82*  
ETST *76* SP *73* FLAT *82*
3. Knowing your capabilities, how high did you expect to go when you came in the Navy? *E-9 or officer*
4. How high have you advanced to date? *E-5*
5. Are you in your desired career field today? *YES*
6. If not, what career field do you want? (Look into the SCORE Program)
7. What are you doing to qualify yourself in order to reach your goal in this field? *Taking college courses at Navy Schools as time and assignment allow*

*Money's a big thing.* In fact, it's the biggest factor in most decisions to leave the Navy. Taken at face value, there seems to be a world of difference between Navy pay and civilian pay.

On the face of it, what is your income now? You are now making monthly:

<i>ETR2(SS)</i>	Basic Pay	\$ <i>438.90</i>
<i>E-5</i>	Pro-Pay	\$ <i>16.00</i>
<i>over 3 yrs</i>	Sea-Pay	\$ <i>70.00</i>
	Submarine/Flight Pay	\$ <i>524.90</i>
	Other Hazardous Pay	\$ <i>95.71</i>
	Total Taxable Pay	\$ <i>429.19</i>
	Less Income Tax and Social Security	\$ <i>138.60</i>
	Total Plus Nontaxable Allowances:	\$ <i>4.50</i>
	Subsistence	\$ <i>143.10</i>
	Quarters	\$ <i>572.29</i>
	Clothing	
	Total Allowances	
	Total Net Pay	

## Commission bound.

The top of the enlisted ladder is those "bars of gold" are another . . . and reach of the ambitious. Several paths to open to you:

- The Naval Academy
- Warrant Officer's Program
- Limited Duty Officer Program
- Officer Candidate School
- Navy Enlisted Nursing Education Program
- Aviation Officer Candidate Program
- Navy Enlisted Scientific Education Program
- Navy Enlisted Dietetic Education Program
- Medical Service Corps Program

Check the program you assure you of this opportunity.

## How high a Navy education?

The Navy offers unlimited education for off-duty study at the high school, college level.

FIRST, the United States Armed Forces (USAFI) Correspondence Courses. List USAFI Courses you would like to take.

## About those "fringe" benefits

In civilian life, there are so-called "fringe benefits" that the military has sometimes overlooked. The military has sometimes overlooked them in order to compare them to a matter of fact.

## Your family comes with the Navy, too

We've talked about compared to civilian life. But, man, his family comes first. I provide some sort of protection contribution on your part. And programs are often necessary. When you plan a Navy family is provided for! Consider Insured Income—Your job is guaranteed Raises—Base pay with each advance Periodic

## The secret of career

It's really no secret that Navy-trained employers than those of a you've already received education, and that's in Navy training and education expect further education a full career, can expect of his civilian counterpart. List your Navy education Service Schools Attended



## Don't forget the bonuses.

Reenlistment bonuses are too big to overlook. The average Navyman draws substantial amounts in bonuses, unused leave and allowances during his career. Check your Career Counselor for eligibility, then compute your own bonus. Multiply one month's basic pay by the number of years of your new enlistment. If VRB eligible, multiply reenlistment bonus by VRB multiple.

Reenlistment Bonus 6 Years \$ 2,000 Other 1,755 4 yrs.  
 VRB 2 \$ 5,266 Other 3,511  
 Accrued Basic Pay \$ — Other —  
 Accrued Leave 30 days \$ 439 Other 439  
 Leave Rations \$ 58.50 Other 58.50  
 Travel to Home  
 (6¢ a mile) \$ 72 Other 72  
 TOTAL \$ 7835.50 5835.50

\* Different length of enlistment

## Where do you go from here?

It isn't hard to predict the change of income you will have as a Navyman. You can progress just as fast as you qualify, and the Navy wants men to move up fast. The average career Navyman makes Chief in 13 years. But, a lot make it a lot sooner.

After Next Promotion You'll Make:

**E-6**  
over 4 yrs.  
 Basic \$ 518.10  
 Pro-Pay \$ —  
 Sea-Pay \$ 20.00  
 Submarine/Flight Pay \$ 80.00  
 Other Hazardous Pay \$ —  
 Total Taxable Pay \$ 618.10  
 Plus Nontaxable Allowances (Page 5) \$ 156.60  
 Less Income Tax and Social Security \$ 106.10  
 Total Net Pay after next Promotion \$ 673.10

**E-7**  
over 8 yrs.  
 Basic Pay \$ 627.00  
 Pro-Pay \$ 22.50  
 Sea-Pay \$ 95.00  
 Submarine/Flight Pay \$ —  
 Other Hazardous Pay \$ —  
 Total Taxable Pay \$ 744.50  
 Plus Nontaxable Allowances (Page 5) \$ 168.60  
 Less Income Tax and Social Security \$ 116.50  
 Total Net Pay after Second Promotion \$ 796.60



**U**SING THE INFORMATION in this book, your career counselor can figure your Net Worth Balance Sheet—that is, if you know what you want to do and where you want to live, he can give you a pretty good estimate of how much it's going to cost you and how much you can expect to make.

He can also tell you about things you may not have thought of—like taxes, occupational expenses and furniture. Average payments for insurance and other expenses are included. There are a lot of things you think you'll just worry about when the time comes, but it doesn't have to be that way.

A career counselor's job is to persuade people to stay in the Navy, and your career counselor is no different in that respect from his contemporaries. If you give him half a chance, he'll give you a pitch about staying in.

But if you go to see him about your Net Worth Balance Sheet, he'll have more than just a retention pitch. Not only can he show you what you can expect to be making and spending if you become a civilian, he can also draw you a pretty complete picture of the same things if you decide to consider staying in the Navy for a career.

For instance, take the guy who wants to be an electrician in Dallas. A career counselor can tell when he can expect to make chief, how much nontaxable income he will be making, plus answers to a lot of other questions.

Then, of course, there are a lot of things he can't figure exactly but things he can point out. The man and his family may never have a sick day in their lives, but the odds are certainly against it. How much then should he count on paying in medical expenses? If he's a civilian, a career counselor can check his book and tell. If he's in the Navy, he doesn't have to check anything. He can tell you straight out—nothing.

**I**F THE MAN WANTS some more training, or even if he wants to work on a degree not related to his Navy field, chances are the Navy can come through. Recreational expenses, travel expenses, legal expenses, retirement funds—any one of these can cost a small fortune in civilian life. In the Navy, the expense is practically nonexistent.

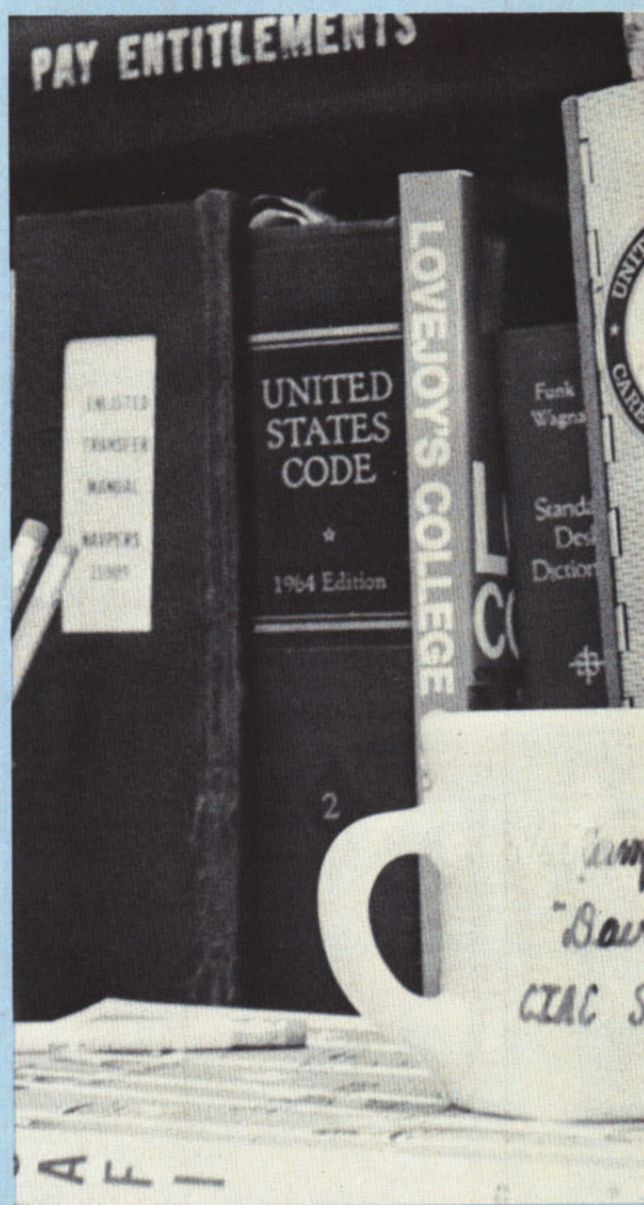
Finally, all of what a man will be doing in civilian life is based on the assumption that he will have a job. With the current state of the economy what it is, there's no guarantee of that. The story in the Navy is a different one—job security is almost absolute.

The men who have helped set up the Net Worth Balance Sheet—those in the Career Counseling Branch of the Bureau of Naval Personnel—say the figures the career counselor has are aimed at helping a man see into the future with a much clearer focus than he thought he could have.

**"W**E JUST WANT A MAN TO THINK about what he is doing," says Senior Chief Yeoman Darrell L. Bashor, a member of the career counseling branch.

"Most of the guys who talk to their career counselors are already dead certain that they want to leave the Navy when their time is up. They haven't thought about it that much, but they're sure that's what they want."

Chief Bashor says most of the people in the Navy have no idea what they are making and little idea what they are spending their money for. For instance,





he says, "How much are you paying in taxes? I'll bet if I lined up ten men and asked that question, not more than one of them would be able to tell me exactly how much he's paying in taxes."

According to Chief Bashor, many of the monetary benefits a man or woman has by being in the Navy are largely invisible. These include medical expenses, commissary and exchange privileges, travel allow-

ances, low cost insurance, and legal fees.

"The person who has made up his mind to get out of the Navy—no matter what—probably hasn't considered all of these things," Chief Bashor says. "A man who gets out of the Navy and goes into a civilian job may, in fact, make more money, but his chances of actually coming out ahead are slim. His expenses and his taxes are going to be much greater."

A complete, clear picture of the financial future—not just an impression of it—is what Chief Bashor and the other career counselors in the Navy are trying to draw with their Net Worth Balance Sheets.

**A**CTUALLY, the information for the Net Worth Balance Sheets has been around for a long time. Several years ago a career counselor had access to the statistics, but there weren't very many people who asked him about them.

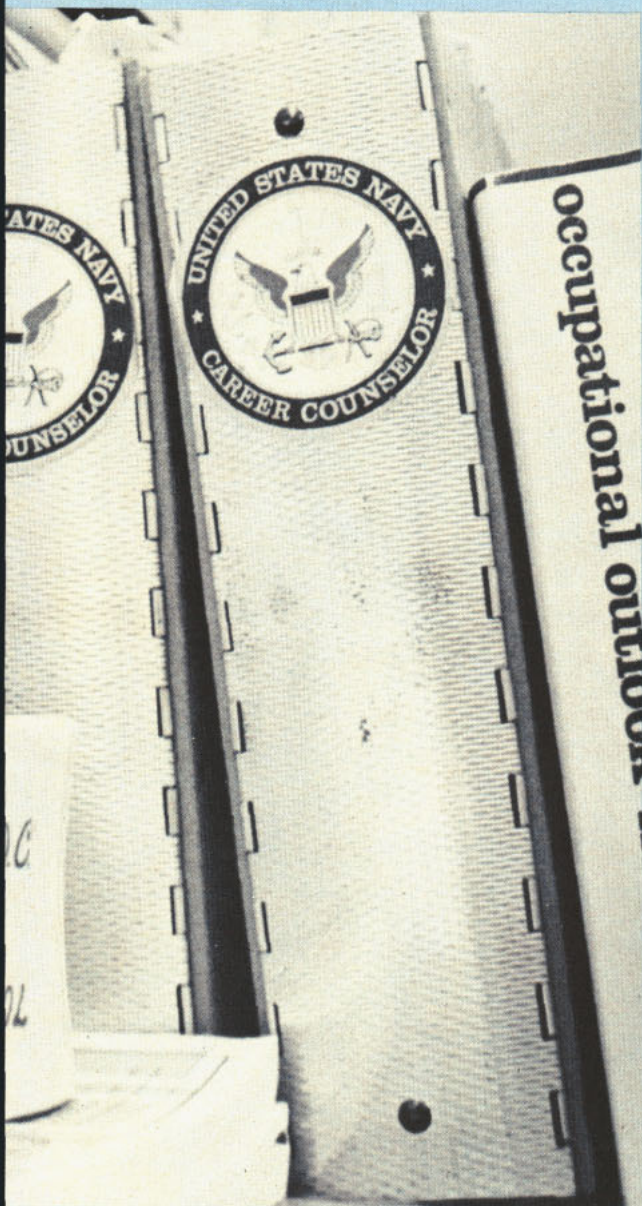
Now, however, with a continuing emphasis being placed on retention, the Navy is asking each career counselor to become more familiar with the Department of Labor figures and how to use them. The cost-of-living figures that the career counselor has, it should be pointed out, represent an estimate of the average income and expenses of the family budget. They do not, for example, take into account a certain family's special desire to save or possibly to spend more money than it has immediately at hand.

The figures in the "Comparative Occupational Pay Briefs"—the source that the career counselor uses—do not have a comparative standard for all of the ratings in the Navy. Some of those omitted include Journalist (JO), Musician (MU), Photographer's Mate (PH), Personnelman (PN), Signalman (SM), and Yeoman (YN). The reasons they have been left out vary, but generally they are because such jobs have no counterpart in the civilian world or the income from one of those professions may vary greatly even within the same location.

**A**LSO, some construction jobs have not been included because, while some of these jobs pay very well, no wage studies have been conducted on them. They also may vary greatly within the same location, and the availability of construction jobs may depend on unions, the economy or the weather.

Most of the rates in the Navy are included in "Comparative Occupational Pay Briefs," and your career counselor should have little trouble in determining your projected income and expenses if you have an idea of what you want to do and where you want to live. A lot of the answers about your future—answers you probably didn't know existed—are there for the asking.

—JO2 Jim Stovall





Taking care of our own - dependent education

# Going to School in the Atlantic





**T**HERE'S A MAN IN WASHINGTON who runs a school system consisting of only eight schools and just 5000 students. Its mission, he says, is "to maintain a school system which provides educational opportunities for students in kindergarten through grade 12 and to assure that these educational opportunities are of high quality and are comparable to the better school systems of the United States."

That doesn't sound too unusual coming from a school superintendent.

What makes this man and his staff unusual is that they are employed by the United States Navy, and their school system—small as it may seem—is spread out over thousands of miles of the Atlantic Ocean, from Iceland to the West Indies.

The man is Dr. C. K. Anderson, and he heads the Dependents Education Office (Atlantic). According to the Department of Defense Dependents Education Office, the world is divided into three parts—the Pacific, Europe, and the Atlantic. DoD has assigned each of the military departments the responsibility of running the dependents' schools in one of these areas: the Pacific to the Air Force, Europe to the Army, and the Atlantic to the Navy.

The Navy's system is the smallest of the three, enrolling only 5000 students in eight schools—Azores, Bahamas, Bermuda, Cuba, Iceland, Labrador, Newfoundland, and West Indies. Being the smallest of the three divisions, of course, doesn't reflect the quality of the schools of DEO (Atlantic). Maintaining adequate educational facilities for American students in an overseas area is never a small task.

**T**HE PURPOSE OF DEO (Atlantic), according to Dr. Anderson, is threefold—to organize, administer and supervise the total educational program of all dependents in the Atlantic area; to provide consultant services to school professional personnel on the educational program; and to develop an effective program for in-service training.

"We encourage creative thinking and teaching in our schools," Dr. Anderson says. "This philosophy has created environments for team teaching in the Bahamas and West Indies, the open classroom in Cuba and Iceland, the upgraded intermediate in Newfoundland, the transition classes in Bermuda and Cuba, and individualized instruction and cooperative teaching in all our elementary schools."

The high schools, he says, offer work-study programs including data processing, automotive maintenance, radio/TV, newspaper and print shop operations, secretarial practice, dental assistance, and switchboard operation.

"We are also proud of our well supplied library media centers and the team approach to the pupil personnel services program," he adds.

**O**NE OF THE OVERALL OBJECTIVES of DEO (Atlantic) is to recreate the American classroom in a foreign area. The successful efforts of the staff, teachers, students and others connected with the school can be demonstrated by the fact that all of the high schools

are fully accredited by the North Central Association of Colleges and Secondary Schools.

There are problems and advantages to being in a foreign area, however. Getting top quality teachers is a problem that is common to almost any school system. The teachers for the Atlantic area must not only be adequately trained but must also be willing to live in an environment, far away from home, to which they are not accustomed. Teachers are obtained from a central recruiting agency under the supervision of the Army, and according to Dr. Anderson, the teachers in the Atlantic area are younger and their training is a little above the average of most American public school systems.

**B**EING IN A FOREIGN ENVIRONMENT can have its advantages, too. Mainly, the children attending these schools have an opportunity actually to see a foreign country and observe some of the ways in which its people live.

To facilitate this, Congress has authorized the Host Nation Cultural Program, which provides for the hiring of a local citizen as a teacher in the school. This person serves to train the American children in the culture, geography and history of the nation in which they are living. Field trips and some language training are often common elements of this program.

Dr. Anderson says that all but two of the schools in the Atlantic area have a host nation teacher, and he termed the program as "quite successful."

The work-study program is another which is receiving a lot of emphasis this year from DEO (Atlantic). For instance, in the school in the Azores, there are some 36 students working in such diverse places as the power generator, radio control tower, dental clinic, legal office, X-ray laboratory, and security police station.

At the Roger B. Chaffee High School in Bermuda, some 10 students not only spend two to three periods a day working as trainees for office clerks, secretaries, shipping clerks and aircraft maintenance staffs, but they also spend one afternoon a week receiving occupational information and sharing their individual work experiences with each other.

**M**UCH OF THE SAME THING is happening for the 14 students enrolled in the work-study program at the William T. Sampson High School in Guantanamo Bay, Cuba. Besides working in a variety of military and civilian jobs around the base, the students are also participating in a related studies course which helps them train for their jobs and provides additional information and exposure to possible future careers.

Work-study is only one of a vast number of programs which have been established in the schools in the Atlantic area. Others include the use of paraprofessional teacher-aides—who can help an overworked teacher or a child with a special learning problem—in the Azores; a remedial reading program for children in Cuba; a special health education class in Labrador; or a boys' home economics course in Newfoundland.

An important point to remember about the depend-



ents' schools around the world is that they are open to all DoD dependents, no matter to what branch of service their sponsors are attached. For instance, the child of an Army sergeant stationed in Newfoundland would certainly be eligible to attend the Navy's school there, just as the child of a Navy petty officer serving in Japan would attend the dependents' school run by the Air Force.

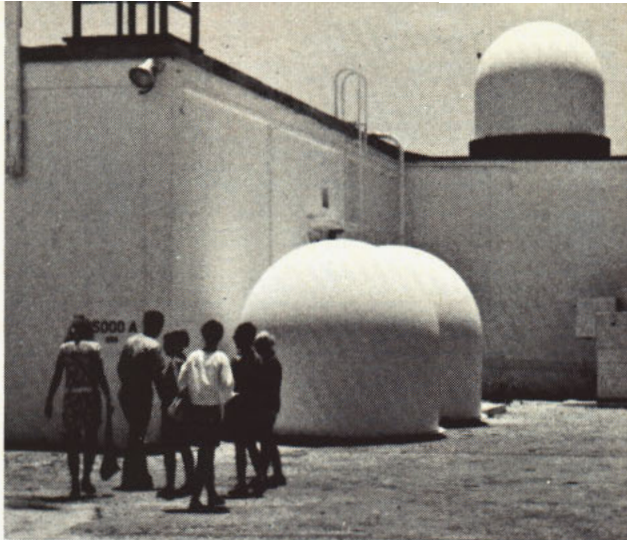
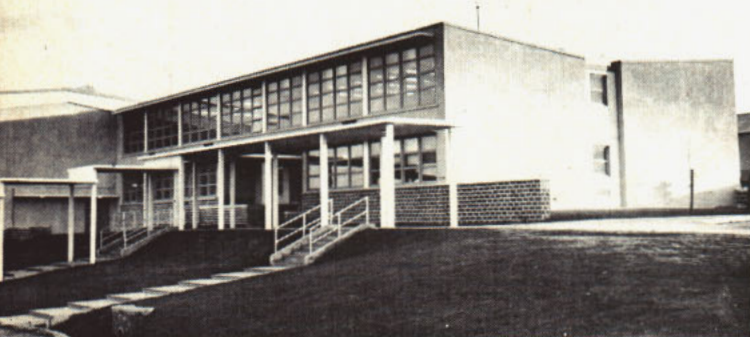
The eight schools run by the Navy in the Atlantic vary in size and offerings according to the number of students they must serve. A brief description of each and its location follows:

#### Azores

ONE OF THE LARGEST in the Atlantic area, the dependents' school in the Azores has an enrollment of approximately 1200 students from kindergarten through high school. When the population was smaller, a one-story elementary classroom building was dedicated in 1959, but now the elementary students are using two other areas of the base.

The pride of the Azores dependents' school is the \$800,000 high school which is one of the finest facilities in the Atlantic area. It is equipped with several laboratory classrooms, a gymnasium with stage, a library, and an additional building which houses a new vocational education center, a library media center and a band room.

Such a well equipped school is a necessity since travel off the islands is difficult. Lisbon, Portugal, can be reached only by a three-hour plane ride or a three-day boat trip. The climate features a variety of sun, wind, rain, and cold—all of which can occur in the same day.



Bahamas

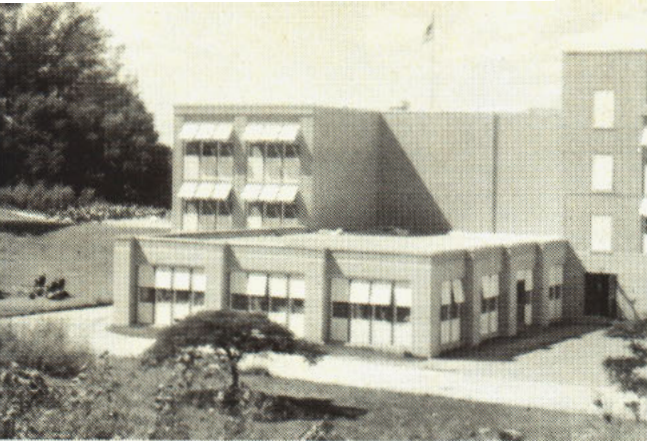
THE SMALLEST of all the schools in the Atlantic, the Bahamas dependents' school has a three-teacher faculty and a total of only 37 students enrolled. The teachers are responsible for students in kindergarten through grade 8, and the high school students are supervised in their study of University of Nebraska correspondence courses.

The Chester W. Nimitz dependents' school is housed in the middle of the island of Eleuthera, in a building originally used as a missile trajectory measurement site. The building consists of three large classrooms, a library, teachers' lounge, office and book storeroom. The accordion walls between two of the classrooms provide excellent opportunities for team teaching, and the large amount of space available enables students to move about in completing their day's assignments.

The Bahamas, of course, are known for their semi-tropical climate and clear waters. For the past 50 years the islands have had an average temperature of 70.6 degrees, and the recreational possibilities are almost unlimited.







**Bermuda**

**L**IKE THE BAHAMAS, Bermuda is part of the British Commonwealth and has a climate which beckons tourists from around the world. The dependents' school—with a staff of 47 and 562 students—is housed in two buildings on the naval air station there.

The high school is a two-story classroom building with a carpeted library, a cafeteria, and special rooms for fine arts programs. The elementary school—dedicated in March 1969—contains air-conditioned classrooms and separate rooms for speech and hearing, physical education, special education, music, art, and a library media center.



## Guantanamo

**S**INCE THE UNITED STATES severed diplomatic relations with the Cuban government in the early 1960s, the dependents, as well as the military personnel, have been unable to travel anywhere on the island. Consequently, the base at Guantanamo Bay has developed into a city unto itself, serving all of the needs of its residents. A recreation program offering a vast variety of sports and hobbies—most of them free of charge—has been established.

Guantanamo is the oldest Navy base outside the U. S., dating back to 1903, and it has one of the longest running dependents' schools. Established in 1941, it was in session only five months before the U. S. entered World War II and the school had to close. In October 1945, the school reopened with 45 students and five teachers, and both of those numbers have grown steadily ever since. The school was closed in October 1962 during the Cuban missile crisis when all dependents were evacuated. It reopened when the crisis subsided in December, and today there are approximately 1150 students and a total staff of 70. —————>



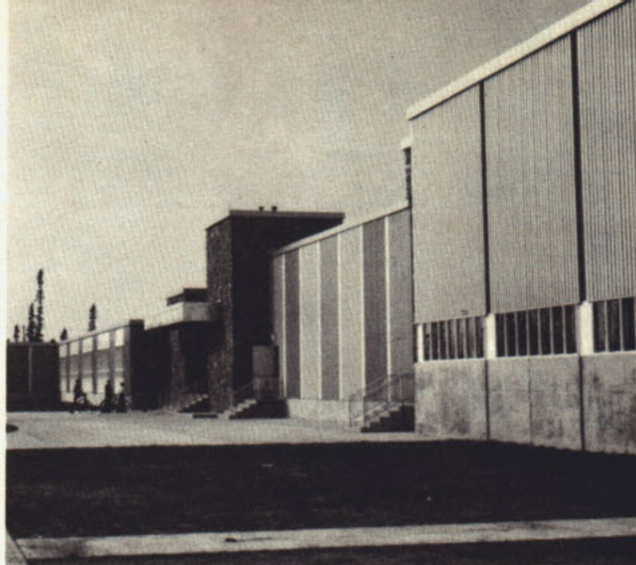


Iceland

**K**NOWN AS "THE LAND OF FIRE AND ICE," Iceland is famous for its hot springs, glaciers, beautiful mountains, fjords, and earthquake activity. It is also strategically located in the middle of the North Atlantic sealane, and the maintenance of the U. S. Naval Station is a major advantage for U. S. forces.

Serving some 1000 students and a staff of 60, the Alfred T. Mahan dependents' school in Keflavik is located on two parts of the base. Both elementary and high school buildings are one-story concrete structures. The primary rooms have a sink and most have a rest-room, and each room can be equipped with a record player, overhead projector, slide and filmstrip projector, film loop projector and previewer. Listening centers, tape recorders and films are also available.

The \$2.5-million junior-senior high school has recently added 16 classrooms and a multipurpose room, library, music, art, and science rooms to the educational facilities there.



Labrador

**T**HE GOOSE AIR BASE in Labrador was established in 1941, but the dependents' school there didn't begin until September 1956. It started with 18 staff members and 108 students and today it has more than tripled its original size. The high school, which has been accredited since the second year of its existence, moved into a new building in August 1968 where students have the use of a gymnasium, auditorium, library, science laboratories and rooms for art and music.

Unlike the climates of the more southern Atlantic areas, the summer in Labrador is short, and snow covers the ground from October to May. The location offers a fantastic view of the Northern Lights but, as a whole, Labrador remains largely uninhabited and undeveloped, much as the Great Ice Era left it thousands of years ago.







**Newfoundland**

**T**HE U. S. NAVAL STATION in Argentina is located about 80 miles south of St. John's, the capital of Newfoundland Province, in the northernmost ice-free port in the Atlantic. Like the base in Iceland, this naval facility is vital to the strategic forces working in the North Atlantic area.

The Arthur L. Bristol School, which houses 16 teachers and 172 students, is located near the housing area on base. Serving all the grades from kindergarten to the 12th, the school offers large classrooms and ample equipment and facilities. Creativity is one of the mottoes of the staff there, and new courses and programs are constantly being considered and put into practice.



**West Indies**

**A**T THE OPPOSITE END of the Atlantic school system is the dependents' school at the U. S. Naval Facility on the island of Antigua in the West Indies. The school is the newest in the system and opened last August with three teachers and 49 students.

The size of the school permits cooperative teaching and individualized instruction. Even though the school is in its first year, it has much of the equipment available in other schools including a 900-volume library and numerous audiovisual and other teaching aid equipment. The building in which the school is housed has three large classrooms, a library and teachers' lounge and bookroom.

A lot can be said for the West Indies climate, but the best indication of it is that tourism is growing into the number one industry of the area. Base recreational facilities include a snackbar, library, lighted tennis courts, basketball court, volleyball court, softball diamond and an indoor and also an outdoor movie theater.

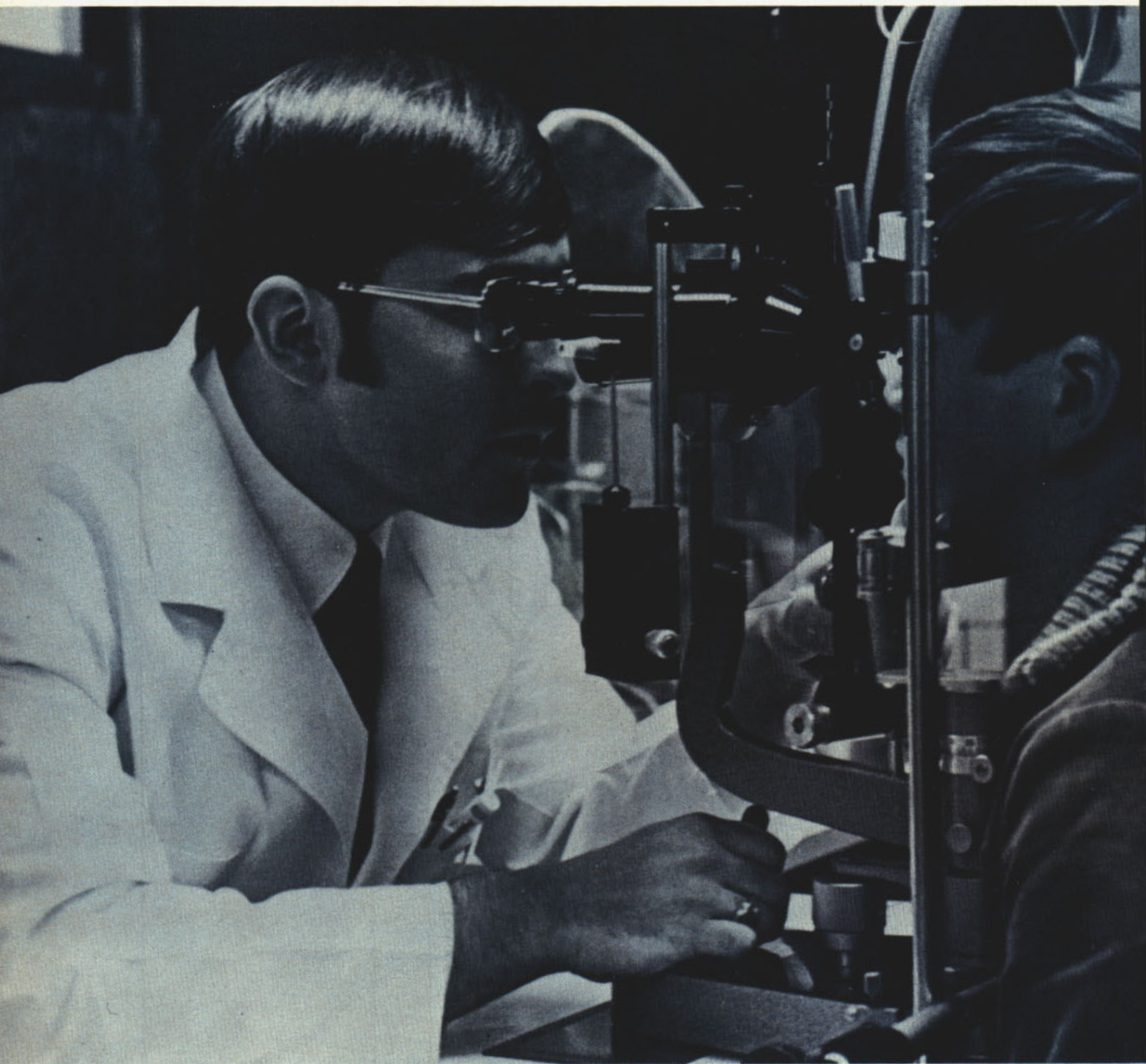
—JO2 Jim Stovall





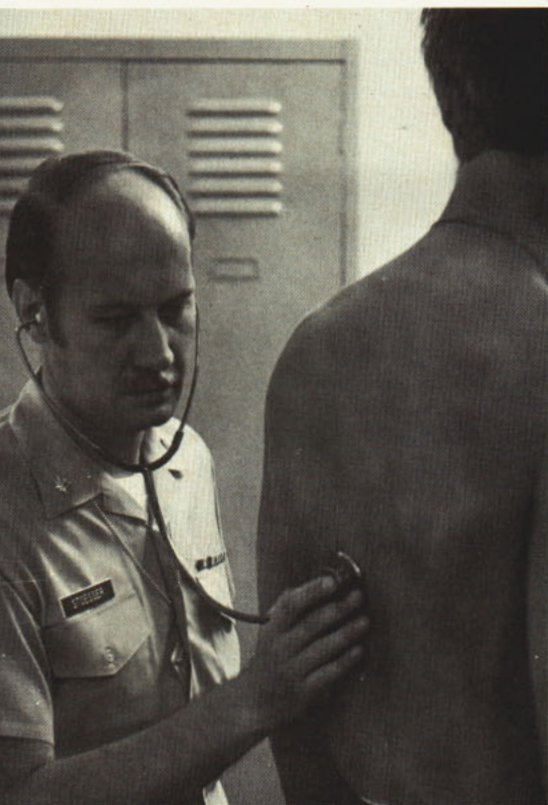
NAVY HEALTH CARE

# Looking For Better





# Ways To Serve



*The following report on Health Care Services in the Navy was written by the Service's 25th Surgeon General, Vice Admiral George M. Davis. After completing more than a third of a century in the field of Navy Medicine, serving in all parts of the world, he won the Distinguished Service Medal for his outstanding performance of duty. Admiral Davis just recently retired.*

**W**HILE LOOKING FOR NEW AND BETTER ways to provide health care, it became apparent that many of our Navy members and their families were not being fully informed of the numerous efforts taking place to improve health care services throughout the Navy. Because good health care is so important to all of us and because these efforts will directly affect our ability to provide you or your dependents better health services, I have outlined some of the major programs below.

Before discussing what is being done to improve Navy health care services, I want to talk about our present system.

Few people realize that our Health Care Delivery System (HCDS) is one of the finest in the country. This does not mean that we do not have problems or that there is no need for improvement. Any system dedicated to providing health care to over 2.5 million people worldwide is apt to have problems.



**I**N SPITE OF THE FEW SHORTCOMINGS we are working hard to eliminate, the Navy HCDS in which you and your family receive care is second to none. A study, completed in 1971 by the Westinghouse Electric Corp. and Arthur D. Little Co., Inc., found that "generally," the military health care system is "excellent," that the Department of Defense medical care organization comprises "one of the most comprehensive health care systems in the world."

What does this mean in terms of health services for you and your family? It means, should you or any eligible member of your family require extensive or routine health care, regardless of where you are located, it will be provided. More importantly, this care will be provided by professionally competent physicians who are certified in specialties by civilian medical boards—supported by diversified teams of



fully trained and skilled allied health and paramedical personnel, many of whom are actively sought after by the civilian medical community.

Also these physicians and support teams providing the care have the latest medical equipment and supplies at their disposal.

There is virtually no limit to the scope of care that will be provided, regardless of the expense, i.e., number of clinical procedures, tests, evaluations, consultations, amount of drugs, blood, etc. Aero-medical evacuation is available, if necessary, to move you or your dependents from any point in the world to specialty treatment centers.



Above: Using automatic dialing cards, patients can make appointments with greater ease.

**I** KNOW THERE IS A TENDENCY to compare the Navy's ability to deliver health care with that in the civilian community.

This is difficult, principally, because there is no health care system, per se, in the civilian sector of the scope or magnitude of the Navy system. The Kaiser Permanente Medical Care program comes closest to being such a system, but it does not cover the wide geographic areas, nor does it offer the scope of services or programs the Navy system does.

For instance, you have 38 naval hospitals at your disposal. Thirty are in the U. S., four in the Pacific area, and four in the Atlantic area. Each hospital has a given level of health care capability.

**A**S AN EXAMPLE, some are equipped and staffed for open heart surgery, others for brain surgery, plastic surgery, organ transplant, radiation therapy, artificial limbs and eyes, blood diseases, and other specialized clinical procedures. All of our larger hos-

pitals have modern "intensive care units" staffed and equipped to provide concentrated specialty care to very seriously ill patients.

Also, our larger hospitals have "cardiac care units" designed and equipped to monitor and treat complicated heart conditions. Our smaller hospitals have these units in varying degree depending on the needs of the patients they serve.

We receive accreditation for our hospitals from the Joint Committee on Accreditation of Hospitals, a civilian organization which monitors the professional competence of all hospitals in the United States. The certificate of accreditation is meant to convey the fact that a hospital, its administration, and its staff have demonstrated excellence, have accepted "outside" appraisal and have demonstrated conformance with nationally accepted standards.

**O**UR HOSPITAL SYSTEM IS COMPLEMENTED by regional medical clinics and dispensaries, located throughout the United States and the world. Many of these clinics and dispensaries are comparable in staff and capability to small general community hospitals. Additionally, operational medical support units are located aboard ship and with the Fleet Marine Force.

The Navy Health Care System, therefore, has essentially four levels of care available:

- operational medical units;
- well-equipped and staffed dispensaries;
- small- or medium-sized hospitals serving a local area; and
- large specialized hospitals.

No group in the civilian community has such a large, well-coordinated health care delivery system at its disposal.

**I** MENTIONED EARLIER that our health care delivery system is not without problems. This fact has been recognized, and with the support of the Chief of Naval Operations and the Secretary of the Navy, we are taking steps to solve these problems and provide you even better health care services. While looking for problem areas, numerous studies and evaluations repeatedly concluded that:

*"The quality of care a patient receives in the Navy Health Care Delivery System once he/she gets to a doctor is, on the whole, excellent to outstanding."*

This fact is borne out by the many letters I and commanding officers of our treatment facilities receive from grateful patients. I would like to share part of the contents of several of these letters which are representative.

**T**HE FIRST IS FROM NAVY PARENTS and concerns the care their son received in one of our hyperbaric (pressurized oxygen) chambers. The Navy, by the way, is one of the few health care delivery systems that have these sophisticated chambers and our chambers are made available to the civilian community in emergencies. The parents said:



"Our son . . . is now on his way to full recovery, after suffering brain damage. We sincerely feel that had (he) been denied the use of the hyperbaric chamber, he would not have survived.

"Not enough can be said about the thoughtfulness that the nurses and corpsmen in the hyperbaric chamber and intensive care unit extended to (our son). The corpsmen executed extreme care and gentleness in handling not only our son, but other patients. We know this because we 'spent' 43 days observing their duties."

The next letter is from a retired member who had hip reconstruction surgery performed by a young Navy orthopedic surgeon in a naval hospital. The surgeon was under a fellowship with a renowned civilian hip reconstruction surgeon. Only a relatively few outstanding medical centers in the United States are doing this procedure:

"I . . . retired in 1963, and since that time suffered from degenerative osteo-arthritis of the right hip. During that period my leg atrophied, lost one inch in length. All this was accompanied by pain varying from moderate in the early 60s to a constant severe pain this past year with a marked decrease in mobility.

"The physician's evaluation at the naval hospital resulted in my being provided a total hip replacement. The operation was successful.

"At all levels, I noticed a real concern for the patient. The obvious interest of the nurses in their patients resulted in very personal and tender care. The skill and dedication of the physicians and the way in which the patients and their families are kept informed allow for no credibility gap."

A letter to the commanding officer of one of the naval hospitals states:

"During my recent hospitalization in your hospital, I was struck by the high quality of care of all types consistently given by persons under your command. This letter is to confirm to you my recognition and admiration of the high standards exhibited.

"The men and women of the ward who cared for me during my recovery and subsequent hospitalization each continually exhibited an attitude of real and deep-seated attention to the needs of the patients combined with professional expertise, unfailingly and without exception. Magnifying the high quality of their care was the obvious fact that they really cared."

Yet another letter from a member whose wife delivered their first child in a naval hospital is quoted in part:

"People are sometimes very quick to criticize naval medical care. I would like to take this opportunity to show the other side of the coin as it happened to my family.

"The care and treatment my wife received during and after her pregnancy was nothing less than outstanding. The chief (of the hospital's OB/GYN Service) personally convinced me of the value of my medical benefits. It is difficult to imagine better services at any level."

**I** DO NOT MEAN TO IMPLY by the above letters that we do not have an occasional problem once a patient gets to the physician; we do!

However, getting into our system, and to the doctor through our outpatient clinics, is where you and your dependents encounter most of the problems and frustrations. It is here you may experience long lines, overcrowded, austere, drab and unsightly waiting rooms, and clinics dispersed throughout the treatment compound. This dispersion often requires walking long distances through a maze of hallways, over-inclining ramps, climbing numerous steps to go from one clinic or ancillary service on one side of the treatment facility to another on the opposite side.

The outpatient service area may not be aesthetically pleasing. Additionally, there is a good chance that it



Above: The Central Appointment Desk answers the cord dialing appointment phones.

was constructed many years ago for treating mass numbers of male patients; consequently, it probably does not have functionally suitable accommodations for treating women and children. It is about this area that our staff and patients complain the most.

A majority of the strained relations stem from frustrations, misunderstandings, and communications breakdown fostered by such overwhelming undesirable conditions. Because of these conditions our patients believe they are receiving second class care. Conversely, our staff personnel are dissatisfied with the professional environment in which they must work.

**WE** ARE LOOKING AT ALL OF OUR PROBLEMS and with the earnest support of the Chief of Naval Operations and the Secretary of the Navy, we are identifying and correcting them. We have been fortunate in that the present CNO and his predecessor have backed the Navy Medical Department 100 per cent in their programs for improving health care. However,



since health care programs must compete with other necessary programs of the Navy for people and money resources, several of our corrective actions may not be completed as rapidly as all of us would like.

To find better ways to provide health care services, in a time of declining resources, it is essential that we achieve a more effective and efficient use of staffing and money. To do this we are applying new programs and reorganizing our Health Care Delivery System.

In this regard, many of our programs are ongoing, some are in the pilot stage and others are new proposals which require funding and testing, and are years away from an operational status.

#### Regionalization

ONE OF THE MOST FAR-REACHING and innovative efforts to improve health care services is our recently implemented Regional Medical Center concept. This is a great step forward for both the patients and the staffs who serve them. For the first time in naval history, the majority of Navy medical facilities (i.e., ashore hospitals, dispensaries, and clinics) in a geographic area have come under the command of a single medical director.

The regional medical director will provide a single local responsible authority for immediately resolving complaints, deficiencies, and other problems relating to medical care, resources, and facilities.

This regional concept will permit expanded and improved health care services for all of our patients, improve patient and staff satisfaction, and better enable us to utilize our limited medical resources in a specific area. With the approval of the Chief of Naval Operations this new approach to the delivery of health care was initiated in the Portsmouth, Va., area on 1 Jul 1971 and, because of its success there, 29 more areas have been regionalized as of 1 Jan 1973.

Among the innovations planned are:

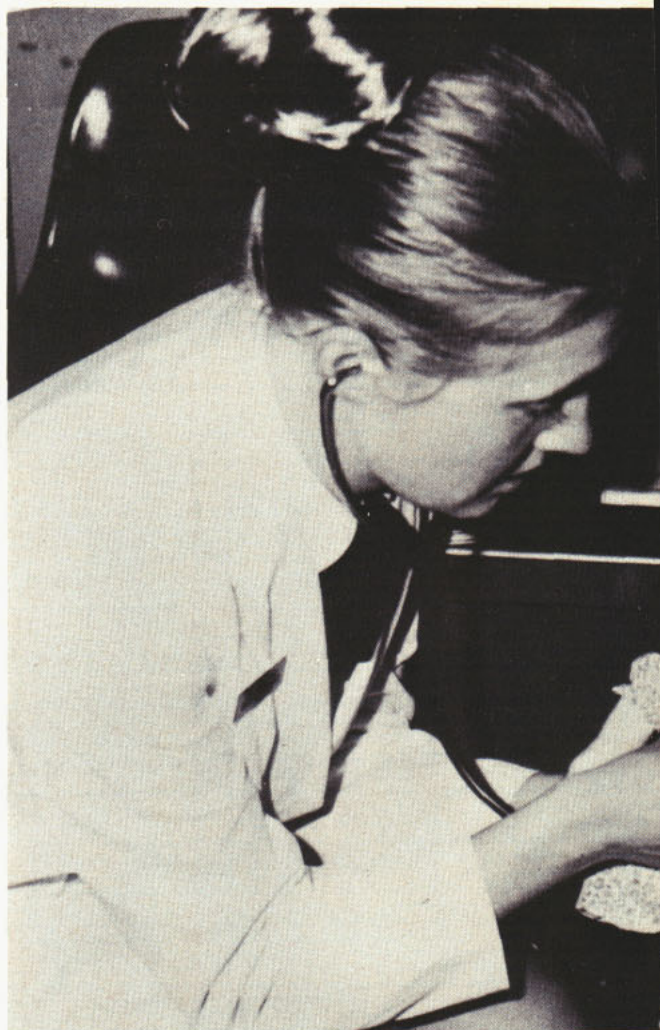
- realignment of patient care responsibilities;
- extended hours of operation at selected facilities which will allow "working wives" and others to come in the evening;
- expanded medical specialty services at selected dispensaries (which will in many cases save the patient a trip to the hospital to see a specialist);
- improved medical records management; and
- extending the professional capability of the physician through modern diagnostic and treatment support systems to allow him more time with the patient.

The objective of regionalization is to bring together the bits and pieces of health care components into a system which relates operationally and professionally, thereby improving our ability to provide you and your dependents the best possible care.

I want to reemphasize that without the full support of the Chief of Naval Operations, this new approach to the delivery of health care services would not have been possible. The scope of these centers is unprecedented in the civilian sector. However, our civilian counterparts are now studying them and, in some sectors, have implemented this approach.

#### Family Practice Clinics

ONE OF THE ITEMS most frequently commented on by patients is the problem of not being able to see the same physician on each visit. In this regard, the American Medical Association—in 1969—created medicine's 20th primary specialty, Family Practice. This



move recognized the increasing public demand for a physician who could provide comprehensive and continuing responsibility for the patient and his family, regardless of age.

Since we recognize a similar need for our Navy family units, we have started this new specialty of Family Practice Clinics/Services at selected facilities and are studying their future potential, their cost and their acceptance by patients.

This program, in its optimal form, would have entire families (including the active duty member) assigned to a primary physician who would be contacted first when any member of the family needed care from this "private Navy physician" including outpatient and inpatient care with appropriate referral when a specialist is needed.



**H**OW IS THIS "NEW" TYPE of care being received by the patients? I believe a letter I recently received describes it well.

"We would like to take this opportunity to write a letter of praise about the newly established Family Practice clinic at the Naval Hospital . . . Words cannot express what a success we think it is . . . I respectfully request that this



note be posted so that everyone remotely connected or concerned with this project be made aware of how our family, and others I have talked to, feel toward this giant step forward in caring for active duty and retired personnel."

This personal approach to health care will be, as much as limited resources allow, expanded in the future and updated as new techniques are developed.

#### Improved Appointment Systems

**T**O FURTHER SMOOTH THE WAY for our patients in "getting to the physician" we are improving our appointment systems. This need was evidenced by the expressed frustration of patients attempting to call for appointments and encountering a busy signal.

To meet this problem, central outpatient telephone appointment systems are being installed in certain hospitals. The systems basically include telephone equipment similar to that used for airline and other large customer services. Automated telephones allow for stacking patients' calls in the order placed; pre-recorded messages advise patients on the status of their calls and indicate when appointments can be made.

A word of caution here. Improved telephone appointment systems will not shorten the waiting period for a routine appointment with a specialist. As is now the case, waiting time for appointments will continue to depend on the number of specialists available and the demand for their services.

#### Better Management Systems

**T**HE CHANGING PATTERNS of health care delivery and the shortage of health professionals are requiring new and innovative approaches in the management systems. For example, central dictation and transcription concepts for preparing outpatient treatment records have been successfully applied at three naval hospitals. Plans are underway for installing outpatient dictation systems in all hospitals and large dispensaries.

These systems relieve doctors of the laborious and time-consuming task of preparing, by longhand, records and forms documenting outpatient care and treatment. This permits them to see more patients which hopefully will reduce waiting times in busy outpatient departments. Additionally, the quality and legibility of outpatient treatment records are greatly improved.

#### Nutrition Clinics

**T**HE ROLE the hospital-based dietitian has had in the past primarily focused on the delivery of diet therapy to the patient confined to the hospital. The outpatient was referred to the clinical dietitian by the medical officer when this treatment adjunct was necessary.

This system was at best frustrating to both patient and dietitian in that the dietitian was out of the beaten path of outpatient care. Several of our larger hospitals have now provided for a Nutrition Clinic within their outpatient service framework.

The service is now provided at the location of the primary provider of health care, the physician. In addition to making the service more accessible, programs have been established to provide nutrition information to groups such as prenatal, diabetics, hypertensives and those desiring authoritative information on weight control.

With the increasing evidence of the direct correlation between diet and coronary heart disease, it is our goal to provide a preventive service to help avoid this major public health problem.

While the primary object of the Nutrition Clinic was to provide increased service to the patient, other benefits were realized. Time previously spent by the





physician in diet counseling has been used to make available more appointments. The increased availability of the dietitian has resulted in increased use of the dietitians' professional skills.

#### New Look in Dependent ID Cards

**L**OOKING TOWARDS THE FUTURE and to further decrease the waiting time and ease the frustration while seeking health care, a long and extensive effort has been made by the Bureau of Medicine and Surgery to obtain an embossed military and dependents' identification card that could be used by all military medical facilities for imprinting patient identification information on medical records.

A Department of Defense consulting firm has now determined that such an embossed card system is feasible and it is hoped that this system will be adopted by DOD for use within the three services at the earliest possible date. This identification card, although seemingly a rather small matter, would make delivery of health care services a less arduous experience for both patient and staff, particularly in busy clinics.

It would provide wide-range, tangible benefits including positive medical records identification and significant savings in manhours of patients as well as doctors and other health care staff who are now handwriting patient identifying data or issuing embossed patient recording cards which are both costly and absorb time of staff to prepare. Further, the proposed system will reduce patient waiting time, improve patient morale, and result in more prompt and efficient management of patient records, including cross-servicing with Army and Air Force medical facilities.

#### Physician's Assistant

**I**F YOU OR A MEMBER OF YOUR FAMILY is provided health care in the future by a physician's assistant how will you know you are receiving the best care possible?

Let us begin with the definition of the Physician's Assistant's role as defined by a committee established by the Assistant Secretary of Defense for Health and Education.

"The military Physician's Assistant is a skilled health professional who is not a physician, but who, by experience and formal training, has become qualified to perform certain tasks formerly undertaken only by a physician.

"He works under the supervision of a medical officer, though he may at times serve some distance from the physician and receive instruction and guidance by telephone or some other means of communication. He may perform the tasks delegated to him by the physician supervisor, who is responsible for his actions.

"His principal duties will involve initial contact with patients to obtain medical histories and perform physical examinations, order appropriate laboratory and X-ray studies, interpret and record this data and prescribe limited therapy. He is considered to meet the criteria of the 'Type A' physician's assistant as defined by the Board of Medicine of the National Academy of Sciences in May 1970."

At present, a limited number of the Navy's physician's assistants are providing relief in some congested outpatient departments. They are improving patient flow and access to physicians by determining patient priorities, performing diagnostic procedures required before seeing a physician and following up on administrative matters.

Currently, plans are for them to be used in health care services conducting the screening of physical examinations, recording patient histories and instructing patients in home care procedures. Individuals for this duty will come from the ranks of the Hospital Corps.

To qualify, they must have two years of college-level training with some credit in biomedical sciences and mathematics, a 12-month preceptorship in health care services at a naval hospital, and ultimate eligibility for selection to warrant officer rank.

#### Nurse Corps Practitioner

**T**HE EXPANDING ROLE OF THE NURSE is increasingly accepted in civilian and military practice as one method of improving the delivery of health care. The use of Nurse Corps officers within the specialties of the Nurse Corps Practitioner Program will increase both quantity and quality of care to the Navy community. Nurse Practitioners will function on the health care team according to their education and training.

Qualified nurse midwives may assume responsibility for the complete care and management of uncompli-



cated maternity patients. Pediatric Nurse Practitioners can give comprehensive well-child care, recognize developmental defects, and manage certain common problems of childhood.

As the result of increasing demands for outpatient care in obstetrics and gynecology, a nurse clinician program is being established to train selected nurses to function in uncomplicated obstetric and gynecology cases. The nurse clinicians will function in an ambulatory health care setting as assistants to and under the direct supervision of a physician. It is anticipated that the program will aid in reducing appointment backlog and patient waiting time, thus improving patient care and satisfaction.

**T**HESE SPECIALTY TRAINED NURSES are providing additional skilled and knowledgeable sources of health care since they will be able to perform tasks previously accomplished only by a physician. These additional services performed by the nurses will allow the full use of physician manpower skills for major illnesses and complications.

As a pilot program at one of our hospitals, Nurse Corps Practitioners will be employed aboard mobile vans. These vans will visit the Navy housing areas and perform such functions as well-baby clinics and follow-up procedures prescribed by the physician.

How well are the Nurse Practitioners accepted by the patient?

The results of a recent survey in a civilian pediatric clinic showed, "over 90 per cent of the patients considered the association of a pediatrician and a pediatric nurse practitioner to be a desirable and inevitable trend in the private practice of medicine." Though this program is still in its infancy in the Navy, it already shows wide promise and acceptance by both the patient and the physician.

### Construction

**W**E ARE MOVING RAPIDLY to a solution of one of our most serious problems. One cause of poor health care delivery is comparable to the cause of many highway accidents, cars of tomorrow driven by drivers of today on the highways of yesterday. Too long we have had health care personnel of today trying to apply medical technology of tomorrow in hospitals and with equipment of yesterday.

In the past three years under the present and previous CNOs and Secretaries of the Navy, we have made gigantic strides in acquiring funding for and construction of new facilities.

Five hospitals are now under construction, with two more planned for the near future. Additionally, seven new dispensaries and dental clinics are scheduled for completion during the 1972-73 time frame, with approximately eight more just approved by Congress. These projects are listed here by their completion dates:

Now Under Construction or Recently Completed:

Naval Hospital, Charleston, S. C.

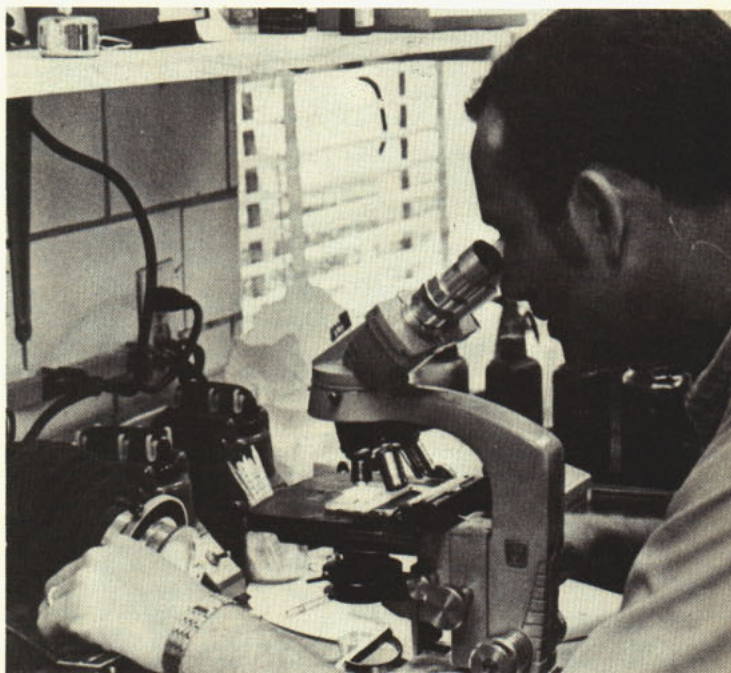
Jan 1973

Naval Hospital, Roosevelt Roads, P. R.	Feb 1973
Dispensary/Dental Clinic, NAS Glynco	Mar 1973
Dispensary/Dental Clinic, NavPhiBase, Coronado	Apr 1973
Naval Hospital, Corpus Christi, Tex.	Apr 1973
Naval Hospital, Naval Submarine Medical Center, New London	May 1973
Dental Clinic, MCRD, San Diego, Calif.	Jun 1973
Dental Clinic, MCRD, Parris Island, N. C.	Nov 1973
Dispensary, NAVSTA, Keflavik, Iceland	Dec 1973
Naval Hospital, Camp Pendleton, Calif.	Dec 1973
Dispensary/Dental Clinic, NWS, Yorktown, Va.	Jan 1974
Planned and Approved by Congress:	
Naval Hospital, Pensacola, Fla.	
Naval Hospital, New Orleans, La.	
Naval Dispensary, Pearl Harbor, Hawaii	
Dispensary/Dental Clinic, NAS Atlanta, Ga.	
Dispensary, Marine Corps Base, Camp Pendleton, Calif.	
Dispensary/Dental Clinic, NAS Moffett	
Dispensary/Dental Clinic, NAS, Sigonella	
Dispensary/Dental Clinic, NavComSta, Australia	

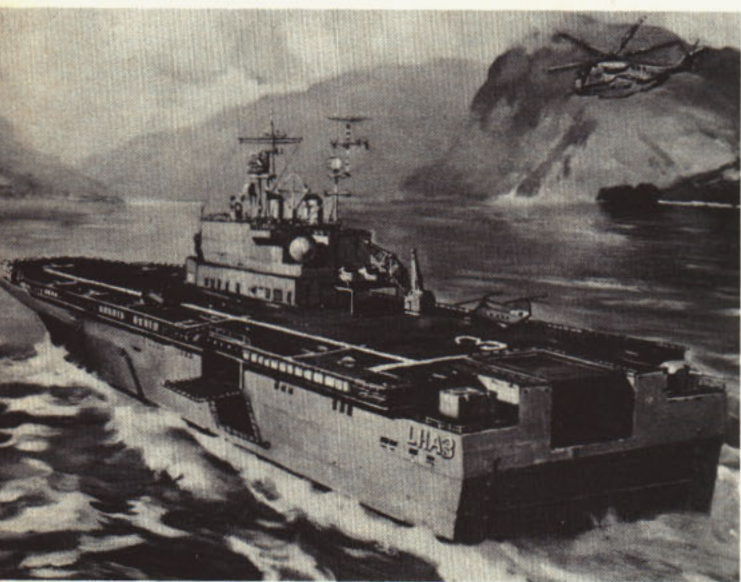
Programming and preliminary planning for new naval hospitals include a considerable increase in the numbers of examining rooms and waiting areas to accommodate the growth in outpatient visits. Additional components are being incorporated into forthcoming new hospitals not yet under construction to provide automated testing and screening devices to assist the physician and to expedite consultation and treatment with a correlated reduction in waiting time for the patient.

In addition to sophisticated and expeditious processing of patients in outpatient services, family practice clinics are going to be included in the new hospitals in accordance with the guidelines to be established.

Below: According to plans, some of the laboratory procedures shown here will be replaced by new computer-based laboratory procedures.







lished by the American Academy of General Practice. All planning factors are being restudied from the viewpoint of increasing accommodations in outpatient clinic areas and adjunct services to provide more expansive elements and help eliminate crowding aspects for outpatients, thereby improving the environment to which patients are subjected during their visits for medical services at the hospitals.

Other major design advances in future hospitals will include one-, two-, and four-bed rooms in nursing units, as opposed to the old open bay wards. Toilet and shower facilities will be included in each bedroom layout.

#### Computers

**T**HE USE OF ELECTRONICS in our health care system complemented by specially trained nonphysician assistants points the direction for better ways to deliver health care. In fact, we have been using the computer for more than a decade.

We currently have automated data processing equipment ranging from accounting machines to computer systems in 33 of our major medical commands.

Recently, a request for proposals was released to computer hardware and systems suppliers to install a Prototype Clinical Laboratory Information system at the Naval Hospital, National Naval Medical Center, Bethesda, Md. This system will be installed in June 1973 and following a one-year evaluation, it is planned to implement 18 additional computer-based laboratory systems in medical treatment facilities.

The Laboratory Information System is designed to speed the return of information to the physician so that the time between tests and treatment is shortened.

**A**T ANOTHER OF OUR HOSPITALS, a new computerized medical information system has been developed that improves the efficiency of physicians and paramedical personnel, and assures better patient care. The system was first implemented in the Internal Medicine Department and clinics, and is now being expanded to include the remainder of the hospital.

Further work is being done on computer programs to increase the amount of medical data available to a physician concerning a patient's complaints and medical history. This system is being monitored closely—and if proven practical—will be systematically expanded to other health care facilities.

The development and maintenance of medical records are receiving increasing attention and the Navy Medical Department is among the leaders in testing a new improved system, the Problem Oriented Medical Record, for retaining and transmitting medical data. Without going into a lengthy discussion, this system will organize medical records to improve health care delivery, medical research and training. It will assist the physician in his evaluation of each of his patients. Also it will serve as a model for health care

Top: 500-bed hospital at Charleston, S. C. Center: Several new medical concepts will be employed on the LHA. Left: Corpus Christi Naval Hospital, artist's conception.



Navywide. Of our 600 patients participating in the pilot program for this test, 78 per cent expressed the opinion that the system represented a great improvement in health care delivery.

Our nation's medical students will be trained in a computer-oriented environment. As they come into the Navy during the next decade, many tedious and time-consuming diagnostic functions now performed by the physician will be performed through computer services. This does not mean that "the machine" will "treat" the patient in the future. On the contrary, this use of the computer is designed to free the physician of routine clerical tasks and to give faster and more personal care to the patient.

#### Dental Care

**P**LAYING AN IMPORTANT ROLE in our total Health Care System is the progress we have achieved in our dental care programs. Complete health care includes and requires comprehensive dental care.

The dental care in the Navy is provided by competent, well-trained dental officers and assistants making use of modern facilities, equipment and supplies. The Navy Dental Corps has led in providing innovations and improvement in the civilian sector besides the military services.

For instance, did you know the Navy Dental Corps developed an ultrahigh-speed dental drill, the prototype of those now used by most military and civilian dentists across the United States? The pioneer models of these high-speed drills are now on indefinite loan to the Smithsonian Institution, Washington, D. C.

And, almost unbelievably, the custom plastic acrylic artificial eye was developed and perfected by the Naval Graduate Dental School at the National Naval Medical Center.

**D**OES YOUR SON WEAR a form-fitting mouthguard when playing football or some other contact sport? Would you believe, the Navy Dental Corps pioneered a method of fabricating customized athletic mouthguards, which have been adopted by athletes worldwide?

Fluoridation of water supplies, which has been shown to significantly reduce dental caries, has been effected in most naval installations having a dependent population through the efforts of the Dental Corps and the Naval Facilities Engineering Command.

These few examples of what has been accomplished by the Navy Dental Corps show why our Navy dentists have a right to be proud in this 60th anniversary year of their Corps; but they are not resting on their accomplishments, they are making even more significant improvements in dental care delivery.

The Dental Corps is now moving toward modern practice concepts embodying "sit-down" dentistry and "four-handed" dentistry. This is a method of practice that ensures maximum comfort for the dental patient and a better dental health care delivery system.

Present planning provides for a four-chair circular treatment module employing a preprogrammed in-

strument pack system and supported by central sterilization and instrument processing areas. It is anticipated that within the next decade most dental treatment facilities in the Navy will be completely modernized with functional operatory layout and equipment design, thereby insuring the highest level of professional care to all authorized personnel.

**F**URTHER, during the last 10 years, a comprehensive Preventive Dentistry Program encompassing procedures aimed at preventing cavities and oral disease was developed.

Research, which was underway in 1962, documented the cavity-preventing effectiveness of stannous fluoride when applied topically to the teeth. Based upon the findings of these studies, the well-known three-agent stannous fluoride treatment program was initiated and the goal of providing this treatment for all active duty personnel is now being achieved.

In recognition of the relationship between cavities, periodontal disease (disease of the gums), and bacterial plaque (bacterial film on the teeth), the Navy Plaque Control Program has been implemented in the recently initiated Navy Periodontal Screening Examination Program which provides for the early recognition and prompt treatment of periodontal disease. The current treatment programs include preventive as well as restorative dental care.

Although the law does not permit the Navy to provide routine dental care to most dependents within the United States, consultative dental service, including dental X-rays, has been authorized for dependents in the United States *if adequate facilities are available and it is within the capability of the professional staff to provide.*

There are other authorized programs and services offered by the Dental Corps that are mainly for dependents. During National Children's Dental Health Week at our naval dental facilities a very successful program is offered. The children can receive at our naval dental facilities an oral examination, oral hygiene demonstration and dental health education materials. The program is designed to motivate children concerning the importance of good oral health.

As a result of the implementation of the equipment modernization program, equipment designed to carry out current concepts of modern dental practice has been installed in nearly every dental facility in the Naval Establishment. Completely new, or extensively modernized, dental facilities have been constructed at 27 shore stations and in 27 new or recommissioned ships since July 1967.

#### Standards of Health Care Services

**L**ATE IN 1970 and during 1971 the Chief of Naval Operations implemented his program for improving personal services provided in Navy facilities.

Some of his objectives were to reduce the time required to receive service and improve the availability and the quality of service. In conjunction with the CNO's program, I established Standards of Health



Care Services for our 38 naval hospitals and 194 dispensaries, and 205 naval dental facilities ashore. These standards are serving as goals for each treatment facility. Examples of the standards aimed for are:

- Provide routine specialty clinic appointments within 10 days;
- Minimum waiting time to see a doctor upon arrival at treatment facility;
- Extended after-hours for clinics;
- Centralized appointment systems;
- Centralized outpatient care;
- Provide adequate time for physicians to spend with each patient;
- Adequate number of properly trained receptionists to provide prompt and courteous service; and
- Improve appearance and adequacy of our clinics and waiting rooms.

**T**O ASSESS OUR ABILITY to meet these goals, we surveyed Navy and Marine Corps medical facilities worldwide. Our survey identified a number of activities that were already meeting some of the standards.

Many activities met certain standards during 1971 by adopting new approaches, rearranging spaces, adjusting work hours, more effective utilization of paramedical personnel, and improving communications between health care delivery teams and our patients. However, our survey also identified major resource deficiencies: the estimated costs to correct them were forwarded to the Chief of Naval Operations. He approved programming sufficient monies in the FY-73 budget to enable us to meet certain of the standards.

The programs I have discussed in this article are all designed to help achieve the Standards of Service. Although our general objective of these standards is to improve health care delivery in our facilities, our specific objective is to make "getting into our system" and "getting to the doctor" a little easier and a more pleasant experience.

#### **Fleet and Marine Corps Support**

**P**ROVIDING MODERN HEALTH CARE aboard ship and in the field with the Marines also presents a challenge. The hostile environment of the sea plus the unstable platforms found aboard ship certainly do not make the practice of medicine easy. Heat, humidity, vibration, corrosion, limited space, the pitch and roll of the ship, and isolation problems often seem overwhelming; however, they can be overcome.

Since our present mothballed hospital ships are nearly at the end of their useful life, a great deal of effort is being turned towards planning a future "new generation" hospital ship. We are thinking in terms of a 1000-bed ship with 10 operating rooms, six X-ray rooms, a 30-station triage area, and all the ancillary facilities necessary to treat combat casualties.

The ship will have its own organic helicopter capability. However, since competition for new construction is intense during periods of a declining budget, alternatives must also be planned.

Extensive medical spaces, the best we have ever

had in a combat ship, are planned for the new class of amphibious assault ship, the LHA. They include four major and two minor operating rooms, two X-ray exposure rooms, three dental treatment rooms, and an 18-bed intensive care unit, a 60-bed general ward, and a 240-berth overflow ward.

**I**N COMBAT, we would furnish a considerable number of surgical specialists aboard; for peacetime cruising, we anticipate providing a staff capable of manning one operating room.

The LHA will be air-conditioned throughout and will contain a specially designed gym complete with environmental control.

Research efforts have been completed to artificially acclimatize Marine troops en route to an area of operations in order to reduce heat stress casualties during the assault operation.

The new landing ship, tank (LST 1179) class ship also has high medical potential. Early last April, a feasibility test was successfully accomplished to set up a 60-bed Army type MUST (Medical Unit Self-Contained) hospital in the well deck of an LST. The idea is feasible though many problems remain.

We have constantly strived to upgrade our medical facilities on the attack aircraft carriers. These facilities now include two operating rooms, excellent laboratory spaces, intensive care spaces, and other supporting facilities comparable to a small shore dispensary.

The changing patterns of health care delivery and the shortage of health professionals require that maximum advantage be taken of new systems in providing physicians support for making health care services better and more readily available to our men and women in operational units. The Medical Department is dedicated to this end.

#### **Research**

**W**ITHOUT RESEARCH, there is no hope for development of more effective health care or more effective health care delivery systems.

Our research efforts are directed into nine major programs. These are: Aviation Medicine; Submarine and Diving Medicine; General Preventive Medicine; Clinical Sciences; Dental Research; Shipboard/Field/Amphibious Medicine (with emphasis on Marine Corps medical problems); Radiobiology including Non-ionizing Radiation (radar, laser, and extremely low radio frequency); Human Effectiveness; and Education and Training.

Specifically, our programs include the study of preserved tissues for use in restorative surgery, the use of frozen blood, the pathophysiology of traumatic shock, the use of bone marrow grafting techniques in certain jaw injuries, human effectiveness research, and prevention of impact injuries to airmen (a joint Army-Navy project).

In all of these studies the Navy remains preeminent.

Recently, a great deal more of our research efforts have been directed towards improving and developing systems for delivery of health services. These pro-



grams are designed not only to keep the Navy current but also to move ahead with changes in such areas as training of health care personnel; use of paramedical personnel; automation of certain clinical procedures; and effective organization structure.

The object is to translate this research into better health care and better ways to deliver it to patients.

#### In the Future

**A**LTHOUGH the Navy Health Care Delivery System is providing you and your dependents with first class care, we are constantly looking for new and better ways to deliver this care. How quickly these new and better ways will be incorporated into our health care system is dependent, of course, upon the Medical Department's having adequate funding and a sufficient number of personnel. However, with our continuing efforts and with the support of the Chief of Naval Operations and the Secretary of the Navy, our patients will receive health care in hospitals and other medical and dental facilities that incorporate the most modern features of design including: single, double, and four-bed rooms and intensive care and coronary care units with full electronic monitoring.

There will be more examination rooms, dental treatment rooms, and waiting areas in esthetically pleasing outpatient clinics; and complete air-conditioning in all spaces. Our Navy men and women and Marines, active or retired, and their dependents, will continue to have the benefit of the latest medical and dental equipment and technology.

Our facilities will be staffed with medical, surgical, and dental teams fully trained in the specialties and in the latest concepts of modern medicine. Our patients will be seen by physicians and dentists who will be backed by a health-care system difficult to surpass.

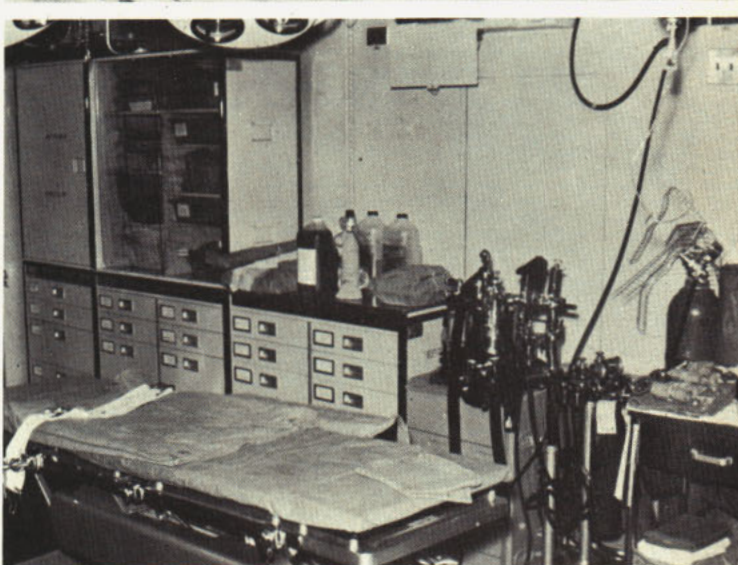
**T**O SERVE YOU BETTER, the Medical Department of the future will be more flexible, better able to adjust to and accommodate the many changes occurring in the health care industry.

We are just approaching the period of innovation and experimentation in identifying and developing new sources of health manpower. Coupled with this effort will be further and new uses of computers as well as other technical innovations.

Together, the new sources of manpower and the new technical aids will relieve the physician of more and more of his routine health care delivery functions, thus permitting him to see more patients and to see them more efficiently with the end result being more satisfied patients.

**I**F THE QUESTIONS ASKED at the end of the play "1776" were directed to the Navy Medical Department, "Is anybody there? Does anybody care . . .?" The answer is an emphatic, "YES!"

Top: The new concept of four-handed dentistry. Center: Medical Unit Self-Contained Transportable (MUST), a new concept in field hospitals. Right: A MUST unit operating room, a great improvement over the tent.





- UNIFORM REGULATIONS ON SEVERAL ITEMS REVISED

The privilege of wearing dungaree and enlisted working blue uniforms to and from duty stations has been canceled as of 15 Jan 73. In addition, a recent announcement concerning the wearing of the pea-coat and/or denim dungaree trousers with civilian clothes has also been canceled. No uniform items are authorized for civilian wear except as outlined in Uniform Regulations 1969.

Finally, 1st class petty officers are now authorized to wear the new enlisted uniform. Guidelines for this uniform are in Chapter 9 of Uniform Regulations. The peacoat and raincoat are still the standard overcoats and are authorized to be worn with the new uniform. The new dress blues are available through Navy exchanges and civilian outlets but will not be stocked in small stores until 1 Jul 73.

- SEABEE VOLUNTEERS NEEDED FOR 1973-74 OPERATION DEEP FREEZE

Seabee volunteers are urgently needed for the 1973-74 wintering-over period of Operation Deep Freeze. Persons in the CE, CM, and UT ratings especially are being asked to consider the benefits of spending this next year "on the ice." These benefits include double sea duty, participation in up to six accredited undergraduate college-level courses in the Program for Afloat College Education (PACE), and up to 60 days' delay before reporting to a new duty station providing no excess leave is involved.

Additionally, after completing the wintering-over period, volunteers are guaranteed duty in one of two naval districts if eligible for shore duty, or a choice of coast if returning to sea duty. Volunteers should submit NavPers 1306/7 request forms to BuPers Pers-B2021.

- POLICY ON USE OF CIVILIAN AND GOVERNMENT HEALTH FACILITIES

The Secretary of the Navy has urged all active duty Navy personnel to use federal rather than civilian health care facilities for their regular medical and dental needs when those facilities are available. The Secretary pointed out that the Navy is receiving an increasing number of claims for civilian health care obtained in areas where federal facilities -- Navy, Army, Air Force, Public Health Service or Veterans Administration medical activities -- could have been used.

The Navy cannot pay these claims for non-emergency treatment, and the Navy members remain liable for their costs. Personnel requiring emergency medical or dental care in non-federal hospitals should promptly notify their commands so that the proper financial arrangements can be made and other appropriate procedures followed.

- NEW STANDARDS SET FOR SURFACE WARFARE OFFICER DESIGNATOR

A revised set of qualification standards and designation procedures has been established for unrestricted line officers seeking the 111X, Surface Warfare Officer, designator. The new standards raise from six to 24 months the amount of time an officer must serve on board a commissioned



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surface ship as part of either the ship's company or an embarked staff.

The officer must demonstrate practical knowledge of afloat damage control, shipboard engineering procedures, safety procedures, weapons doctrine and navigation, as well as a thorough knowledge of the 3-M and MDCS Systems, and qualify as both CICWO and OOD. The OOD designation must be held for a period of three months. Officers already holding this designator will not need to requalify. Application for the designation should be made to the commanding officer, who will forward it for approval to the next senior officer in the chain of command in the grade of captain or above. However, COs in the grade of captain are now authorized to approve SWO designation.

## ● OS, EW, RM DETAILERS HAVE NEW PHONE NUMBERS

Detailers for the Operations Specialist (OS), Electronics Warfare Technician (EW), and Radioman (RM) at the Bureau of Naval Personnel in Washington, D.C. have new phone numbers. For OS and EW detailers, call Autovon 224-1088, 224-8400, 224-8646 or commercial (202) 694-1088, (202) 694-8400, (202) 694-8646. For the RM detailers, call Autovon 224-8392, 224-8294, 224-4231, or commercial (202) 694-8392, (202) 694-8294, (202) 694-4231.

## ● PERSONNEL URGED TO TAKE FULL LEAVE TIME AVAILABLE

The Chief of Naval Operations has urged commanding officers to allow and encourage persons in their commands to take the full 30 days of leave available each year -- this should include at least one period of from 14 to 21 consecutive days, according to the CNO. The announced goal is to reduce the total amount of money the Navy must pay back each year in lump-sum leave payments to persons being discharged. Leave payments of this kind amounted to more than \$100 million during FY 72.

To improve the leave accounting system, the Joint Uniform Military Pay Service (JUMPS), is currently being used for officers only, but will be expanded to include all enlisted personnel.

## ● TIME IN GRADE RULE FOR RETIREMENT WAIVED FOR CERTAIN OFFICERS

The time in grade requirement for certain officers' retirements has been waived. Effective now and continuing through fiscal year 73, the time in grade requirement for officers in paygrades W-3, W-4, O-5, and O-6 -- with the exception of officers having a 14XX or 25XX designator -- is not applicable. A minimum of six months of service in grade will suffice for requests for retirement approved by the Secretary of the Navy before 1 Jul 73. Previously, the requirement for these paygrades had been two years and four years for certain captains.

Any officer whose retirement has been previously deferred in order to complete this requirement and who wants to be reconsidered under this new provision should resubmit his request.



- VETERANS LAW CONTAINS NEW BENEFITS FOR WOMEN

One of the less publicized provisions of the new veterans law, recently passed by Congress and signed by the President, is a measure offering a "bill of rights" for women veterans. To receive the additional amount of VA education allowance, compensation and pension money that male veterans have been allowed for their wives, female veterans no longer will have to prove their husbands are disabled and permanently incapable of self-support. This provision applies to the GI Bill, vocational rehabilitation, pension, compensation and dependency and indemnity compensation (DIC) which is paid for service-connected deaths.

- NAVY CANCELS DISCHARGE POLICY FOR MARRIED WAVES

The Navy has announced the cancellation of its policy of discharging women members upon request after they get married. This move, according to Navy officials, is another attempt to standardize regulations concerning men and women. In light of these moves and "particularly that which provides for the recruitment of married women in the naval service, it is now considered inappropriate to allow their (married women) discharge by reason of marriage," said BuPersNote 1910. The notice does provide for the continuance of provision for requesting no-cost transfers to the general area of the husband.

- REGULATIONS ON POSSESSION OF HAND GUNS ON SEPARATION

The Secretary of Defense has directed that all persons being separated from the service be advised of the strict regulations in many jurisdictions which govern the possession of handguns. Servicemen who acquire handguns while they are on active duty may not be aware of the particular regulations concerning them which many states have enacted. For instance, in some states, handgun possession is forbidden unless approved by the state. Any members with handguns in their possession may be subject to arrest. If you're getting out of the Navy and own a handgun, make sure you know the law concerning it.

- FORWARD DEPLOYMENT PROGRAM CONTINUING TO EXPAND

The number of Navy vessels homeported overseas has increased to 47, an increase of 10 ships so far this year. Current plans call for the forward deployment of USS Mars (AFS 1) to Sasebo, Japan, and USS Howard W. Gilmore (AS 16) to LaMaddalena, Italy, in March. Additionally, USS Midway (CVA 41), with embarked Carrier Airwing Five, will begin an extended assignment in the Pacific this summer, and the families of assigned personnel will be permitted to reside in the area of Yokosuka, Japan.

Volunteers for forward deployment assignments are needed from nearly all officer ranks and designators, and enlisted rates and ratings. BuPers-Inst 1300.40 with Change 1 of 26 Jan 73 outlines the procedures for volunteers for forward deployment units and lists fleet units now homeported at the following locations: Naples, Italy; Athens, Greece; Gaeta, Italy; Rota, Spain; Bahrain; Yokosuka, Japan; Subic Bay, Republic of the Philip-



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pines; Guam; Holy Loch, Scotland; Sasebo, Japan; and LaMaddalena, Italy.

- EQUAL OPPORTUNITY PROGRAMS ADVISOR APPOINTED TO ASSIST CNP

Appointment of an Equal Opportunity programs advisor to the Chief of Naval Personnel has been announced. The appointee is Ruth A. Lucas a retired USAF colonel, now a Washington area educator. She will serve as a member of the personnel chief's Civilian Advisory Panel. An educational psychologist, Miss Lucas will help in assessing the effectiveness of the Naval Equal Opportunity programs. She is also director of urban services of the Washington Technical Institute and serves as a consultant to the U. S. Office of Education.

- JANUARY RECRUITING ATTAINS 101.1 PER CENT FOR REGULAR NAVY

Latest recruiting figures, for the period ending 31 Jan 73, show that 6328 Regular Navy recruits were signed during the month for a total of 101.1 per cent. Recruiting Command reports a tremendous increase in quality with 94.6 per cent being "school eligible" and only 3.9 per cent in the Group IV category.

- FBM FLEET CALIBRATION PROGRAM HELPS SPEED JOB, CUT PAPERWORK

The Polaris/Poseidon submarine fleet has adopted a calibration program which allows a single job order to calibrate some 200 items. The Naval Weapons Engineering Support Activity provides each FBM submarine with a printed list of equipment requiring calibration when the sub comes in from patrol. Other than this single job order, no paperwork is required. The sub's tender reports back to the support activity simply by obtaining a handmarked duplicate copy of this list. Calibration, of course, is one of the most important phases of sub maintenance, and this new system is helping to speed the job.

- "RIGHTS AND BENEFITS" ISSUE REPRINTED

All career and potential career Navymen are reminded that the "Rights and Benefits" December 1971/January 1972 special issue of ALL HANDS is now available as a NavPers publication. Due to the large number of requests for this special issue, it was decided to reprint and distribute it as NavPers 15885-C, "Rights and Benefits for Navy Men, Women and Their Families." Bulk distribution of this publication has been made to all ships and stations, and additional copies (of 25 or less) can be ordered direct from the Naval Publications and Forms Center, Philadelphia, Pa., as Cognizance I stock. If more than 25 copies are required, requisitions should be submitted, along with the completed Cog I form, with justification to the Chief of Naval Personnel for approval (Attn: Pers-164). Since distribution was based on one-third of the total authorized number of individuals assigned to a command, commanding officers shall distribute copies to career or potential career people only.

If you haven't seen the reprint of "Rights and Benefits" check with your personnel office, division officer or career counselor.



# What's New in Education?

## Do You Meet the Qualifications For Appointment to Navy Prep School?

**E**ACH YEAR the Secretary of the Navy appoints 85 enlisted members of the Regular Navy and Marine Corps and 85 members of the Reserve components, including those on active duty, to the U. S. Naval Academy at Annapolis, Md. Inasmuch as the course of instruction at the Academy is predictably intense, most fleet appointments in the past have gone to enlisted graduates of the Naval Academy Preparatory School.

Courses at this institution convene in August and continue through May for candidates seeking admission to the Naval Academy in June.

**H**ERE IS A RUNDOWN on what it takes to be eligible for an appointment to the Preparatory School:

- You must be a male U. S. citizen between 17 and 20 years of age who enlisted before 1 July of the year preceding entry to the Naval Academy.
- Your combined GCT/ARI score can't be less than 120.
- You must never have been married; do not intend to marry while in the Academy; be of good moral character and be strongly motivated toward a career as a naval officer.
- You must be in excellent physical condition with 20/20 vision. The latter requirement is sometimes waived if vision is correctible.

Academically, you must have 15 or more acceptable college preparatory units including at least four units which may be earned at the Prep School. Your grade average in high school and college prep work must be at least "C". Other work must include at least three units of English and two or more units of college preparatory math. One or more units in chemistry or physics is mandatory.

Applicants must be obligated for at least 24 months of service when they enter the preparatory school and again have a 24-month service obligation upon actual entry to the Naval Academy. Those who go on to graduate from the U. S. Naval Academy, at present, incur a five-year obligation to remain on active duty following graduation.

Applications for entry to the U. S. Naval Preparatory School may be submitted at any time before 30 May each year. They should be sent to the Commanding Officer, Naval Academy Preparatory School, Bainbridge, Md. 21905. A sample of the format your

letter of application should follow may be found in Enclosure 1 to OpNavInst 1531.3 of 18 Dec 1972. This instruction also contains complete information on the requirements and procedures for enrolling in the Naval Academy Preparatory School.

## Two Major Education Programs Aid Men in Ranger to Earn Credits

**I**N THE MIDDLE OF NOVEMBER, nearly 550 sailors aboard the aircraft carrier USS *Ranger* (CVA 61) began classes in high school and college educational programs. PACE and PREP are the two major programs in which crewmembers are participating and as much as \$81,000 has been invested in what could be the largest single unit educational program ever attempted afloat.

PACE—Program for Afloat College Education—in this case is conducted by Chapman College of Orange,





Calif. The program offers fully accredited courses to men serving in *Ranger*. Like any other college courses, the credits earned can easily be transferred to other colleges throughout the nation.

A total of 20 classes are held each week and they include English, U. S. history, biology (ecology), mathematics and psychology. Five civilian instructors, all on the staff of Chapman College, are teaching aboard the ship.

Gavilan Junior College of San Juan Capistrano is sponsoring the ship's PREP segment in which about 100 men are enrolled. Satisfactory completion of this program results in a fully accredited high school diploma issued by the San Juan Capistrano school district. Although the cost of the course does not count against the individual's GI benefits, expenses are underwritten by the Veterans Administration.

Ensign Robert R. White, the ship's educational services officer, serves as instructor for four classes that are offered in English, mathematics, U. S. history and government. White holds class 10 hours a week and the courses will last for 24 weeks.

### Medical Students Can Earn Cash Through Health Professions Scholarship Program

**D**EPARTMENT OF DEFENSE scholarships which cover tuition and fees—and provide the student with more than \$400 a month—are now available to male and female medical students enrolled in or accepted by accredited institutions. These scholarships are being offered by the Army, Navy and Air Force under the Armed Forces Health Professions Scholarship Program which was established following enactment of Public Law 92-426 to help provide qualified medical officers for the military services.

Under this program, each military department receives a prorated share of the available scholarships and may enroll a combined total of no more than 5000 scholarship students at one time. Quotas are: Navy, 1575 (31.5 per cent); Army, 1850 (37 per cent); and Air Force, 1575 (31.5 per cent). Most of the grants will be used to train physicians, but some scholarships are also being offered to students in related health professions such as dentistry, veterinary medicine, podiatry, optometry and clinical psychology at the PhD level.

Applicants must be U. S. citizens eligible for Reserve commissions and accepted for admission or enrolled in a course of study for one of the listed health professions. An individual selected must agree to complete the educational phase of the program and, subsequently, to serve on active duty in his profession in one of the three services. While a student, he or she will be commissioned in the Reserve grade of ensign (or the equivalent) and will receive more than \$400 a month in addition to tuition, books, laboratory expenses and fees for other educational services. Room and board are excluded.

Each graduate will incur an active duty obligation of one year for each academic year—12 months or less—with a minimum obligation of two years. Intern and residency training is not credited toward fulfilling this

commitment, but it also does not result in further military obligation. More information about these scholarships is available by writing to: Chief, Bureau of Medicine and Surgery, Department of the Navy, ATTN: Code 3, Washington, D. C. 20390.

### On-the-Job Training, Apprenticeships, Offered by VA to Veterans' Dependents

**V**ETERANS' WIVES, widows and dependent children, who are eligible for VA educational assistance, may now take on-the-job training or apprenticeships instead of going to college. A law approved by the President in October increased allowances for this type of training by nearly 48 per cent and broadened the types of training available under the Dependents' Educational Assistance Program.

In addition to training wages paid by employers, VA now pays trainees a starting stipend of \$160 per month, as opposed to the old rate of \$108. For job-training veterans, the starting allowance is \$160 per month with no dependents. For those with one dependent, the allowance was raised from \$120 to \$179 monthly; with two dependents, from \$133 to \$196. For each additional dependent in excess of two, a veteran receives an additional \$8 per month. During October, 102,000 veterans were taking on-the-job and apprenticeship training, but trainees under the Dependents' Education Program were previously limited to institutional training programs.

VA education benefits, including apprenticeship and other on-job training, are available to those who served at least 180 days of active service after 31 Jan 1955. Also entitled to these benefits are wives, widows and children of veterans whose deaths or permanent, total disabilities were service-connected; and wives and children of servicemen who are prisoners of war or missing in action for more than 90 days.



A cum laude graduate of Tidewater Community College, SD1 Isidro Barrera receives his Associate Degree diploma from CAPT John A. Piatek, commanding officer, Fleet Training Center, Norfolk. SD1 Barrera, here with his wife, Ofelia, not only is the first Navy ADCOP graduate from the Frederick Campus of Tidewater, but he completed the two-year course in 12 months due to previous off-duty studies. Next, he plans to attend Old Dominion University pursuing a B.A. in Business, using a scholarship awarded him by the Machinist and Aerospace Workers.



# Navy Career News

## Steward Strikers Placed in Deck Group— Proper Path of Advancement Is Assured

**L**AUNCHING of the new year brought about a significant change in the steward rating. Effective 1 January, all steward apprentices—that is, those with rate designations of TR, TA, or TN—automatically had their rate designations changed to SDSR, SDSA, and SDSN, respectively. This change applies to both Regular and Reserve, active and inactive personnel.

Adjustments are also being made in advancement procedures. Starting with the February 1973 Navy-wide examinations, the proper path of advancement to steward 3rd class petty officer is from the general rate of seaman. After 1 March, SDSAs will take the seaman exam for SDSN.

It is anticipated in BuPers that a phased conversion of SD striker billets to seaman will create an excess of SDSAs and SDSNs during a forthcoming transition period. However, individuals in these rate stages are asked not to submit requests for SCORE conversion, for lateral change of rate or for removal of the SD striker identifications until such time as a balance in the rating is required.

There also will be a change to the current SD specialty NECs. This change will be reflected in the Manual of Qualifications for Advancement, NavPers 18068C. Complete details of these steward rating adjustments may be obtained from military personnel offices ashore and afloat.

## SGLI Still Offers Low Cost Protection For Navymen; Deductions Are Automatic

**S**ERVICEMAN'S Group Life Insurance is a benefit which all Navymen enjoy unless they decline in writing to be insured. Maximum coverage available under SGLI is \$15,000; however, there are policies for \$10,000 or \$5000. Many will remember that the maximum amount for which a Navyman could be insured under SGLI was \$10,000. The additional \$5000 was added in 1970 and followed two years later by a 15 per cent reduction in premium costs. These are deducted automatically from the policyholder's military pay.

The monthly premium rates now in effect are: \$2.55 for a \$15,000 policy; \$1.70 for \$10,000; and 85 cents for \$5000 worth of coverage. Rates for Guardsmen, Reservists and ROTC cadets are \$1.50, \$1.00 and 50 cents, respectively, for policies in the amounts of \$15,000, \$10,000 and \$5000. Guardsmen, Reservists and ROTC cadets, however, are insured only during periods of active duty training and associated travel.

Navymen remain fully covered by SGLI without charge for 120 days after they are separated from the service unless they have been absent without leave for more than 31 days and were not restored to duty

with pay. Those who become totally disabled retain their coverage for a year after their separation or until their total disability ceases, whichever is earlier.

Those who wish to do so may replace their group coverage after separation with individual policies issued by 600 participating commercial companies if application is made and premiums are paid by the end of the 120-day grace period. No physical examination is necessary for this conversion.

For disabled Navy veterans, there are also programs which include mortgage insurance and a "modified life" policy which should be investigated when separation from the service becomes imminent. Complete information on all phases of the Serviceman's Group Life and other VA insurance programs may be obtained from the nearest Veterans Administration Office.

## Advancements May Be Authorized After Limiting Date Deadline in Certain Cases

**T**HE BUREAU OF NAVAL PERSONNEL has announced a change in the limiting date as an eligibility requirement for advancement. Under the new policy, which began 20 Nov 72, the advancement date no longer necessarily indicates the time by which a person must decide to accept an authorized advancement.

This change is primarily directed at those individuals near the end of their first enlistment who are faced with the decision of either extending their obligated service or declining their advancement. In these cases, a member expressing a desire to reenlist for four to six years may still be advanced after the limiting date.

Advancements to E-5 may be authorized where commanding officers request such advancement for members who indicate that they intend to reenlist before their active duty obligation expires.

In other words, if an individual initially declined an authorized advancement because of insufficient active obligated service, and then decided after the limiting date to reenlist for four to six years, advancement may still be authorized. This change was based on findings which indicated that the loss of advancement eligibility due to a limiting date was counterproductive to the Navy's reenlistment efforts.

For further information concerning BuPersNote 1430 (20 Nov 72), check with your personnel office.

## When Time Is Short, Approval for Swap Could Be Obtained by Use of Telephone

**C**ONGRATULATIONS. You finally found a guy on the opposite coast (or anywhere else in the Navy) who's agreed to swap assignments.

What's that? Your ship is getting underway tomorrow? You are aware that no-cost-to-the-government exchange of assignment requests must be approved by the Bureau of Naval Personnel? Obviously, yours is not going to reach Washington by mail before the bowlines are cast off; nevertheless, don't look so down in the mouth. There still may be hope for both you and your swapmate.

The Bureau recently authorized commanding of-



ficers to use the telephone (or "unless otherwise directed" message) to obtain Bureau approval for such swap requests. Under certain conditions—namely, commanding officers of both parties involved must grant local approval, and the units involved must be either deployed or be faced with imminent deployment. In other situations where time is judged by the commanding officer to be of the essence, phone call requests may be made by him.

After approval has been granted from the appropriate BuPers rating control desk, no-cost orders will be sent by message as a follow-up.

This timesaving measure is set down in BuPers Notice 1306 of 29 Dec 72.

### **New Duty Preference Form Is Geared To Rotation of Enlisted Personnel**

**E**NLISTED DETAILERS at BuPers are now using a new duty preference form (NavPers 1306/63) which better records details concerning the jobs preferred by Navy men and women coming up for rotation.

The form has been distributed to all ships and shore establishments and should be filed 10 months before an individual's EAOS or PRD occurs.

After the completed form arrives at the Bureau of Naval Personnel, the information it contains is fed into a computer and is instantly available to detailers as rotation time rolls around. A computer print-out is sent to each command listing those personnel whose EAOS or PRD is 10 months away, and the duty preference each has on file.

Navy men and women whose EAOS or PRD occurs before this August will be assigned on the basis of the old duty preference filed with the Bureau, unless updated by the new form.

### **Ombudsman Can Help You With Problems, But Deplete Your Local Sources First**

**N**AVYMEN who have problems or want answers to questions that can't be handled locally can find a sympathetic ear in the Bureau of Naval Personnel. The ear belongs to your Ombudsman (Pers-P). The Ombudsman has a staff of people all of whom are wise in Navy ways and ready to help both officers and enlisted men. He only asks that you try to resolve the problem or find an answer to your question locally before consulting him.

If you use the U. S. mail to seek help, the BuPers Ombudsman team will go into action as soon as your letter arrives. The address is: Chief of Naval Personnel (Attn: Pers-P), Navy Department, Washington, D. C. 20370.

If you prefer to use the telephone, the numbers for officers are: Autovon — 224 4811 or commercial — 694 4811. For calls after 1630 EST, the autovon number is 224 3701 and commercial calls are handled on 694 3701.

Enlisted men should call: Autovon — 224 3701 or commercially on 694 3701. There is also a Code A phone available for both numbers after hours.

### **Central 3M Data Bank Compares Your Work With That Done by Other Naval Activities**

**I**F YOU'RE AN AIRCRAFT MANAGER, you should be aware that the work you do in your activity is being compared with that done by other activities throughout the Navy. The information for the comparison comes from 3M reports.

The Maintenance Support Office (MSO) at Mechanicsburg, Pa., maintains the central data bank for all naval 3M data. Its computer systems also produce management information reports which are periodically distributed throughout the Navy. These are catalogued for reference convenience.

Last October, for example, a new catalog of Aviation Information Reports (MSOInst 4790.1) was published and distributed to each naval aviation command. It lists all widely used aviation management information reports and tells how to obtain them. It also contains formats for data collected and maintained in the data bank. When properly used, the reports listed in the catalog can be invaluable at any managerial level.

The data for the reports stored in the central bank at Mechanicsburg must, of course, accurately reflect the true maintenance profile at each activity. Accuracy is a command responsibility and the information gained through precise documentation can significantly increase an activity's preparedness and readiness status.

Perhaps most important of all, the reports listed in the catalog give an activity the opportunity to see itself as others see it and, of course, to look at other activities.

**T**HE METHOD IS SIMPLE: Just compare the data concerning your activity in the monthly summary with that contained in corresponding MSO reports. For example, you can compare your corrosion control treatment, and find out if it is accurately documented. You can learn what impact the ground support equipment at your activity has on aircraft readiness. You can also find out if the data submitted was considered invalid because the detail cards didn't match the summary cards. Your squadron might have wound up in the untimely discrepancy data list instead of the readiness utilization report.

As an aircraft maintenance manager, you might well be presenting inaccurate pictures of your activity unless you know what the MSO reports contain. The first step in learning what's in a report is to obtain a catalog of aviation 3M information reports. This can be done by telephoning the Maintenance Support Activity at Mechanicsburg on autovon 277, extensions 2031 or 3124.

A Management Analysis Course is another useful tool. It is offered for analysis officers at NATTC, Memphis, Tenn. The course lasts six weeks and teaches statistics and their analysis. A graduate of the course emerges with the working tools and respect for sources and content of management information, local 3M reports, local maintenance summaries, MSO products, and their use.



Aid to Vietnam: a personal commitment

# Building for the Future







## Bac Dau Orphanage

**T**HE BUILDINGS WERE UNPAINTED, ramshackle, and the dining area for the children was adjacent to the pigpens. It seemed that everyone had forgotten the Bac Dau Catholic Orphanage.

Located eight miles north of Saigon, out of the mainstream of city life, the orphanage was founded in 1963, and houses 55 youngsters—ages three through 18 years—and a day care center for 50 children of local residents. Currently it is run by three nuns.

Its facilities—what there were of them—had been declining and no help was in sight. That changed, however, when men at the Fleet Command Naval Advisory Group, Saigon, learned of the orphanage's needs through a local U. S. military chaplain.

"The orphanage fitted our needs perfectly," Captain Warren C. Hamm Jr., senior advisor, Fleet Command, said. "We wanted a project small enough for our unit to handle completely by ourselves, and the orphanage fit the bill. I got everyone together and gave them the details. They voted unanimously to accept the project."

**E**VERY WEDNESDAY and Saturday since they started last May, about 20 men of the 100 attached to the command boarded trucks loaded with tools and other equipment and headed for the Bac Dau Orphanage. The men, all volunteers, each had a project in which they were involved. Work was completed in December.

"There were seven separate projects that we laid out," explained Chief Petty Officer Tom Springer, coordinator for the orphanage assistance program, "covering everything from building a water system

to constructing a building to house a kitchen and dining hall."

In addition, the volunteers have painted and repaired all existing buildings. The biggest project was the building for the kitchen and dining hall, however. "We were lucky to have a man in the unit who had experience in construction," Springer said. "Otherwise, we might have been in a real bind."

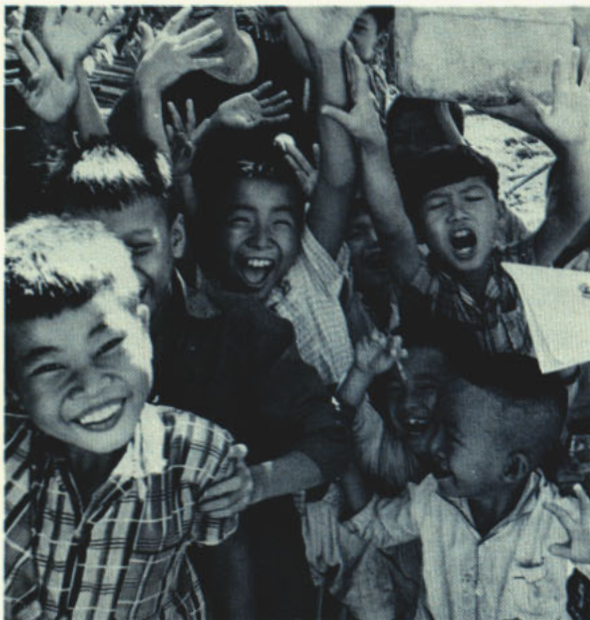
Besides building and repair programs, there was also a Special Activity project, a recreation and amusement program for the orphans. One of the results of this project was a trip to the Saigon Zoo for the sisters and the children.

"It was pandemonium for a while," Springer said. "You can imagine 55 kids let loose in a zoo, most of them for the first time, but everyone had a lot of fun. I think the adults got more enjoyment out of watching the kids than the animals."

**W**HEN THE ORPHANAGE assistance project was completed, the new dining room and kitchen—complete with reefer, stove and deep sink—was well isolated from the pigpens; the fish pond located next to the pigpens was stocked with approximately 75 fish which, in six months, will increase to 3200 and will be sold on the open market; a water system that gives the children a chance to bathe each day was installed; and a playground was equipped completely with swings, seesaw, and tether ball.

"We were doing an important job in advising, training and assisting the Vietnamese Navy, but I think that the Bac Dau Orphanage project may be even more meaningful," CAPT Hamm said.

If you asked the children and sisters of Bac Dau Orphanage, they would probably agree.



Men of the Fleet Command Naval Advisory Group helping the local Bac Dau orphanage. A good time was had by all.



## BM1 Douglas C. Kiser

**T**HE BURLY U. S. SAILOR held the baby chick gently in his big hands, careful not to injure the delicate fowl. Viewing it closely, he said, "Well, it looks healthy. I think it'll live."

The chick was one of many being raised by the Vietnamese Navy, along with pigs, as part of a food supplement program for Navy dependents. The pigs and chickens will be sold to the military personnel far below the price on the civilian market. This is one of many projects that Boatswain's Mate 1st Class Douglas C. Kiser was involved with in the Republic of Vietnam.

His first tour began on 25 Jun 1966 with the operations department of what was then the Naval Support Activity, Da Nang. He served continuously in-country, the longest tour of any U. S. Navyman.

He was attached to the Vietnamese Navy Welfare Office, Vietnamese Navy Headquarters, Saigon. The office was responsible for animal and feed distribution centers in-country, handling and coordinating all raw material donated by U. S. AID to be made into feed for pigs, chickens and other farm animals. It also worked with U. S. Navy Project Handclasp, which

aids all Vietnamese personnel and distributes Buddy Base and Sister Ship material donated by U. S. ships and bases for Vietnamese use.

**S**INCE THE INCEPTION of these projects, more than 2300 tons of material have been received and distributed through the welfare office. Kiser was involved with all of these projects.

"I have done everything from training Vietnamese Navy personnel to be PBR (river patrol boat) sailors, to being an accident investigator in Da Nang," Kiser says with a smile.

In the six years that Kiser was in-country, he has traveled extensively throughout Vietnam. "I have been as far north as Dong Ha, a few miles from the North Vietnamese border, and south to Nam Cam on the tip of South Vietnam. I have driven a semi throughout the Delta on roads you wouldn't believe and pulled liberty in areas an American and some South Vietnamese would not go. It was fun, though, and in my six years, I never did the same job twice."

Kiser has seen the progress made by the Vietnamese Navy, from training the Vietnamese sailor to be a PBR boat operator, when he himself was a PBR boat captain, to the present when the Vietnamese sailors operate the boats by themselves.



Above, left: BM1 Kiser supervises the unloading of donated goods. Above: BM1 Douglas C. Kiser. Left: Over 300 pigs were raised as a food supplement program by the Vietnamese Navy. Facing page: Recipients of goods donated by the U. S. Navy Project Handclasp include orphans at the Go Vap orphanage and patients at the Vietnamese Marine Hospital in Thu Duc.





## Project Handclasp

**S**INCE THE VIETNAMESE Navy Welfare Office began receiving Project Handclasp shipments in 1970, U. S. Navy men and women attached to the office distributed more than 1800 tons of material to orphanages and hospitals throughout the Republic of Vietnam. Project Handclasp—sponsored by the U. S. Navy—was an official program established to promote mutual understanding, respect and goodwill through direct people-to-people assistance. Material donated by American citizens was shipped aboard U. S. Navy ships for distribution in Vietnam.

One recipient of such aid was the Go Vap orphanage, located near Saigon, and home for about 1200 children, ages two months to 12 years. With a staff of 18 Catholic nuns, the facility received everything from mouthwash to baby food from the Handclasp operations.

**A**NOTHER EXAMPLE of Handclasp help was the Vietnamese Marine Hospital (Le Huu Sanh Hospital) in Thu Duc, which opened in 1970 and received 12 pallets of material including operating tables and bedpans. The hospital has approximately 400 patients in residence—far more than it can comfortably accommodate—and receives approximately 160 patients daily

at its outpatient clinic.

According to the hospital's commanding officer, the Operation Handclasp program assisted in providing Le Huu Sanh with much needed basic equipment, such as surgical instruments, tables, and stretchers. Most of the major equipment has been provided by the Vietnamese themselves, but there is always a need for beds, sheets and pajamas, and minor surgical and dental instruments.

As a result of his work in this area, Commander Roy E. McCoy, assistant chief of staff for Vietnamese Navy Welfare, was awarded the Social Welfare Medal (First Class). The medal was presented by the Minister of Social Welfare in ceremonies held at the Ministry of Social Welfare in Saigon, and the citation reads in part, "For exceptionally meritorious humanitarian service to the people of the Republic of Vietnam in conjunction with the U. S. Navy Project Handclasp."

Many long hours spent by CDR McCoy and his men in assisting the Vietnamese civilian and military community gained these dedicated men recognition, but more than that, satisfaction in helping to distribute to needy individuals materials donated by interested Americans throughout the U. S.

(The preceding stories and pictures were supplied to ALL HANDS magazine by PH 1 James A. Davidson.)





# The First Year's Drug

*The following article was co-authored by Commander A. M. Drake, MC, USN, and Douglas Kolb. Commander Drake is senior medical and rehabilitation officer of the Naval Drug Rehabilitation Center at Miramar, Calif. Douglas Kolb is a research psychologist at San Diego's Navy Medical Neuropsychiatric Research Unit.*

*The article deals with the establishment of the Naval Drug Rehabilitation Center at Miramar. The Navy also has a similar center in Jacksonville. Both centers are elements of the Navy's Drug Abuse Control Program, directed by the Human Resource Development Project (Pers-Pc) in the Bureau of Naval Personnel. This article deals with the establishment of the treatment procedures being used along with a statement on the Navy's drug rehabilitation program.*

**T**HE NAVY HAS SHARED with the other uniformed services and the national civilian community a growing concern with the problem of drug abuse among its members. It was, therefore, to be expected that a permanent naval rehabilitation center should be planned; it was, in fact, begun on 12 Jun 1971 in response to Presidential directive. The site selected for the first center was the Naval Air Station at Miramar, Calif.

Drug abuse in the military was, at first, considered to be a disciplinary problem and, for the most part, individuals with a history of significant drug use were administratively discharged from the service. During the late 60s and early 70s, however, the widespread use of drugs among young people and the mounting concern for returning Vietnam veterans who had ostensibly become addicted to cheap, yet high-purity heroin while overseas, led to the realization that forceful and innovative approaches to the problem were both necessary and urgent. The Naval Drug Rehabilitation Centers at Miramar and Jacksonville were the product of this realization.

**T**HE CENTER WAS BEGUN as a line command and staffed by Navy line officers, physicians, psychol-

**At Left: Two members of the professional staff of the Naval Drug Rehabilitation Center at Miramar interview patient (foreground).**



# Experience at Miramar Rehabilitation Center

ogists, chaplains, Navy and Marine Corps enlisted men, civilian counselors, social workers and several ex-addicts who were themselves graduates of civilian treatment programs.

This mixture of staff, altogether unorthodox by traditional Navy standards, was to provide the basis for a multifaceted approach to the treatment of drug

malcontents, disciplinary problems and manipulators. These were young men with histories of repeated (although often relatively trivial) military offenses. They were anti-establishment in orientation, dress and grooming. To a man, they were unhappy with the military and they were also anxious to press for early discharge to civilian life.

related problems. The approach provided a larger scope than would have been otherwise possible.

While the staff was being assembled, two large triple-deck barracks were converted to house staff officers and provide quarters for over 200 patients. The staff was still being ordered in and the barracks were still being renovated when the first contingent of patients arrived.

## The First Patients at Miramar

**T**HE EARLY ARRIVALS at the center were a heterogeneous group which could be separated into six major categories.

- First, there were those considered to be drug-addicted. Many of the early arrivals from Vietnam had been sniffing or smoking cheap, easily obtained heroin which was 95 to 98 per cent pure. They had not developed the criminal lifestyle of the street addict nor did they manifest any severe degree of withdrawal symptoms.

As the Navy's engagement in Vietnam diminished, however, this population of addicts receded in importance to be replaced by addicts with more established drug-taking patterns who were using the impure heroin available in the States. They usually mainlined this. They had also developed the manipulative, sociopathic lifestyle of the street addict.

- A second and larger group was composed of those considered to be polydrug abusers. They had used psychedelics, glue, amphetamines, barbiturates, marijuana, alcohol and a variety of other substances which sometimes even they couldn't identify. The scope of polydrug abuse extended from casual experimentation to daily multiple dosages of anything available.

- The third classification comprised the military

These tended to blame society in general and the military in particular for their drug problem and offered the glowing anticipation that all would be well once they had shucked the uniform and relocated themselves in a society which would permit them to "do their thing."

Their histories of drug abuse were either fabricated or grossly exaggerated and there was often a pronounced element of *machismo* in their stories. A number in this group listed 400 or 500 "acid trips" and prodigious consumption of psilocybin, cocaine, THC, STP and other substances.

- The fourth group included a sizable number who were simply struggling through the normal rebelliousness, experimentation and identity diffusion of adolescence. Those in this group had become involved in drug abuse because of boredom, peer pressure, curiosity, job dissatisfaction or the pursuit of altered and more ecstatic states of consciousness.

Their backgrounds revealed poor social relations with family and peers, poor work and vocational orientation and a tendency to avoid personal problem areas. Otherwise, however, they didn't support a diagnosis of specific psychiatric disorder.

- The fifth group was a contingent of men with character and behavior disorders, with well-established patterns of out-of-gear social relations, self-defeating behavior, poor impulse control and failure to recognize personal responsibility for the course of their lives. Drug abuse came easily to them as a manifestation of other, on-going difficulties in adapting to society and formulating self-satisfying goals.

- The last category of patients included a small number of men who were considered to border on more severe psychiatric illness. These men used drugs in an attempt at self-medication for long-term prob-



lems such as depression, anxiety, low self-esteem and social alienation.

**A**N ANALYSIS of background information obtained from the first 458 Navymen to enter the Miramar program supported the clinical impressions of many of the patients. Although most had "volunteered" for service in the Navy, many did so on the "spur of the moment" or for negative reasons such as a desire to break home control or to escape unemployment. Their average length of time in the service was two years and more than two-thirds had attended at least one service school.

About three-fourths of these men, however, had never achieved a grade above E-3. The majority reported strong negative feelings about the service in general and expressed dissatisfaction with their Navy duties. Half believed that their abilities were not employed and almost nine-tenths expressed boredom with their service responsibilities. The evaluations of men in this category were in the 3.2 through 3.4 range and over half admitted to at least one disciplinary offense, chiefly nonjudicial punishment.

**P**RE-SERVICE HISTORIES of men in this group indicated marginal school adjustments for many with more than half having been expelled or suspended. Many had "played hooky" more than six times. Forty-four per cent did not graduate from high school. At least a third had been arrested and almost as many had spent time in jail. A quarter of them admitted to emotional problems before entering the service and more acknowledged having "trouble with their temper" and "moodiness."

The men in this first group of 458 patients reported use of a variety of drugs: Heroin—58 per cent; barbiturates—46 per cent; amphetamines—61 per cent; and LSD—81 per cent. Daily use of heroin was admitted by a third of the total group, marijuana was used by 96 per cent of the men and 64 per cent claimed daily use.

#### Therapeutic Programs Established

**I**N ORDER TO PROVIDE the necessary flexibility for a therapeutic range broad enough to encompass the men in such a heterogeneous population, five separate therapeutic programs—called therapy tracks—were developed over the first three months of the Center's existence. Each program focused upon particular problems which had become evident among the patients. The five tracks were designated: The Project, the Community, The SHARE Program, the SALT Company and the Family Track.

#### The Project Track

**T**HE FIRST TRACK, the Project, was established as a therapeutic community headed by a medical officer assisted by a line officer, a psychologist and

civilian counselors and Navy enlisted men (hospital corpsmen and non-medical rates drawn from the Fleet).

The program stressed individual responsibility in dealing with a man's life and made use of small and large groups and individual sessions to assist in effecting change.

Members of this therapeutic community could move through four graduated levels of responsibility which carried different obligations to the group and rewards for the individual. The basic thrust was toward encouraging increased maturity through self-awareness and discipline as it related to group interaction and mutual obligations engendered by life within a structured society.

The staff mix of line officers, mental health professionals and military and civilian counselors proved to be extremely useful. The line officer in the therapy tracks was given administrative responsibilities and handled discipline. His presence maintained the reality of the military situation which could have become obscure if the patient had been confronted only by mental health professionals.

The civilians involved were primarily individuals holding master's degrees in social work, counseling and psychology. They were, therefore, able to deal with therapeutic matters unencumbered by the need to be both therapist and disciplinarian.

One additional benefit of this staff mix was that social reentry appeared to be eased. The patient had an opportunity to observe and relate to a variety of individuals from a variety of disciplines and backgrounds, some of whom were admittedly "square."

It is our impression that this contributed a wider scope of life experience than would have been possible in programs run entirely by and for individuals who are themselves immersed in the drug subculture and who couldn't provide a broader spectrum of alternative lifestyles.

#### The Community Track

**T**HE SECOND TRACK, the community, was also established as a therapeutic community under medical direction. Like the Project track, it used a mixture of civilian counselors and line staff. The primary emphasis was directed toward self-understanding through group and individual therapy. Self-understanding was facilitated by a videotape system used to study the interpersonal reactions and dynamics of the group.

The patients clearly became quite interested in reviewing their own tapes and the confrontation with their own provocative behavior provided a rare opportunity to see themselves as others saw them. This track's *modus operandi* was predicated on the observation that many of the patients had long histories of extremely poor interpersonal relations with their family, peers, school authorities and employers. Also, one of the universal characteristics of men in this group



was—as mentioned earlier—low self-esteem. Individual vocational counseling and educational opportunities were encouraged.

At first, the time scheduling within this program permitted considerable flexibility so that patients would have time for introspection and reflection. This time, however, was so poorly used that it often produced boredom. The program schedule was revised and now provides structured activities throughout the entire day. This approach appears to work more satisfactorily.

These patients did not tend to be very highly self-motivated and, therefore, appeared incapable of using unscheduled time. The dilemma for the therapist was that free time was dismissed as “boring,” while scheduled activities were denounced as “hassling.”

### The SHARE Track

**T**HE THIRD, OR SHARE TRACK, is an acronym for Self-Help, Assistance, Rehabilitation and Exploration. This track was led by Navy line personnel and stressed personal motivation, role modeling and leadership.

Instruction concerning drug education and communication was offered along with motivational courses, field trips and guest lectures. The patients (referred to as “Shareholders”) were encouraged to take maximum advantage of the educational and vocational resources available. These included GED completion, Project Step-up, Project Transition, and various on-base construction projects.

The rationale for the SHARE Track approach was that not all individuals involved in drug abuse required therapy within a standard medical model. Not all men are amenable to standard psychotherapy. Therefore, for some, the simple act of associating with more mature and successful men may help to form useful identifications.

As the track evolved, however, we learned that a simple line approach emphasizing leadership and good example didn't seem to be sufficiently well rounded. The patients expressed a desire for a more active psychotherapeutic experience which the line staff didn't feel qualified to provide. As a consequence, two civilian counselors (holding master's degrees in mental health professions) were added to the SHARE Program and they provided the men with group and individual counseling.

**A**S ONE OF THE Center's major problems is trying to obtain a commitment to therapy from the patient, the SHARE track emphasized this aspect of commitment by requiring formal signature on a contract between the individual patient and the therapy program. This emphasized the patient's responsibilities, outlining restrictions to which he must commit himself and specifying the discipline to which he might be subjected if track policies were broken.

Active participation by “Shareholders” was encour-

aged through a patient government organization which permitted the men to contribute to track policy and management, participate in activities and athletic committees, and exercise peer control over minor disciplinary infractions. The discretionary limits of the member government were established by the track administrator—a Navy lieutenant.

Discipline within SHARE was confrontive and prompt; limit-setting was firmly established and exercised. In accord with the program's emphasis upon developing self-motivation, all members of the track were obligated to announce and discuss publicly, in a group setting, a formulation of their own prospective life goals—and to spell out possible ways of attaining their goals.

### The SALT Track

**T**HE FOURTH, or SALT Track, is a chaplain-directed community which employed a staff which included a clinical psychologist, civilian counselors and enlisted men. It was based upon the premise that values and ethical problems are important aspects of today's

world which are often overlooked in the conventional psychotherapeutic program.

SALT—standing for Self-respect, Acceptance, Love and Trust—is a program built on the premise that an existential approach can benefit many troubled adolescents who find themselves adrift in a society undergoing upheaval, widespread questioning of formerly accepted values and institutions and the much publicized “future shock.”

Some of the opinions widely voiced throughout the nation over the past five or 10 years reveal a preoccupation with social alienation and fragmentation. These include the fairly recent views that: “God is dead,” and that religion is no longer viable or relevant. In the secular field, beliefs were voiced that government and industry are corrupt, irresponsible and self-aggrandizing. The “generation gap” continues to recommend that the young trust no one over 30.

It was apparent that a total and unquestioning acceptance of these positions could ultimately separate a young person from any of the customary supports and structures which our culture provides. The void so created, perhaps more often than not, was “filled” by boredom, depression and heavy drug use.

The SALT Company, then, worked toward understanding the problems of existence and developing more positive alternative lifestyles.

Both the chaplains assigned as track leader and assistant track leader had extensive backgrounds in counseling, and theological dogma didn't enter prominently into the formulation of their program. Evidence for the desirability of providing a quasi-spiritual approach to rehabilitation was manifested by the interest which the young, themselves, displayed in seeking out a variety of religious and cultist experiences, for example, as substitutes for drug usage.



The prevailing philosophy in SALT is that one's existence is at stake.

Accordingly, all aspects of the program were designed to challenge the individual to look at his own lifestyle. Through group and individual sessions, opportunities to exchange ideas with staff, educational classes and exposure to acknowledged successful persons in the broader community, the individual learns how others approach and deal with life's problems.

#### The Family Track

**T**HE FIFTH, or Family Track, was placed under the direction of a Navy clinical psychologist and it employed a staff of three volunteer ex-addicts as counselors in addition to two military enlisted men. The three counselors were themselves graduates of similar programs in the California hospital system.

The "Family" functioned in a very highly structured and disciplined environment in which unsuccessful and undesirable modes of behavior and thinking were confronted in a group setting.

Creative discipline was conducted with an eye to-

ward emphasizing the nature of man's problems, rather than following standard military types of discipline. Thus, a patient in the "Family" might wear a placard for a week proclaiming his faults, thus maintaining continuous attention to the type of maladaptive behavior to be discouraged.

Because of the rigorous therapeutic approach, the "Family" was an *entirely voluntary program* and was the most selective of all the tracks. As a consequence, the "Family" was numerically the smallest of the programs. Its continuing operation required the presence of the remaining therapeutic programs to absorb the less highly motivated patients who left the track. Although highly beneficial to those who completed the entire four-month course, the rigors of the program discouraged those whose motivation for self-inspection and change was low.

#### Getting on the Right Track

**B**EFORE PLACEMENT in any one of these therapeutic programs, patients entering the Miramar Naval Drug Rehabilitation Center are placed in the Evalua-

## from the desk of the Master Chief Petty Officer of the Navy

### "Getting Out of Drugs"



MCPON JOHN D. WHITTET

and Marine Corps personnel who are dependent on drugs. Alcohol rehabilitation centers have been established in Long Beach, Norfolk, Great Lakes and another will open in San Diego this spring. Drug rehabilitation centers are now operating in San Diego and Jacksonville and there are drug counseling and rehabilitation (CARE) centers lo-

**G**ETTING out of drugs is a lot harder than getting in. The drug may be a barbiturate, an amphetamine, alcohol or one of a number of other substances but the problem of abuse and dependency remains. In recent years, the Navy has sponsored a number of programs designed to rehabilitate Navy

cated at various commands throughout the Navy.

In company with an official inspection party, I visited the Naval Drug Rehabilitation Center (NDRC) recently at Miramar Naval Air Station in San Diego. The rehabilitation center was very impressive and I want to share some observations and attempt to clear the air of misconceptions.

**F**IRST OF ALL, NDRC Miramar, like its counterpart in Jacksonville, is not a hospital. All personnel who come to the rehabilitation center, usually through the exemption program, are "detoxified," if necessary, at a naval hospital before their arrival. The center provides from 30 to 120 days of inpatient therapy for personnel who are either physically or psychologically dependent on drugs. Upon arrival rehabilitees (called members) are evaluated and assigned to a treatment plan that is best suited to their needs.

The alcohol and drug rehabilitation centers are naval commands. Navy and Marine Corps personnel who are assigned to the centers must conform to Navy and base regulations and conduct themselves in the manner expected of personnel stationed anywhere in the Navy.

Navywomen and Navywomen sometimes misunderstand the mission of the alcohol and drug rehabilitation centers. Those of us who are not affiliated with the centers will have to understand that rebuilding a person's self-esteem and otherwise reducing dependency on drugs is not quite the same as, nor can it be equated with, routine tasks and operations throughout the Navy. There are no cookbooks for drug rehabilitation. The therapeutic



tion Unit where they undergo approximately five days of screening. During this period, psychological testing, biographical questionnaires and personality inventories are administered under the guidance of the Navy Medical Neuropsychiatric Research Unit.

Medical and service records are examined and standardized interviews are conducted. Some of this information is used for clinical purposes and the remainder is recorded for later research analyses.

During this evaluation phase, the patients are assigned to small groups at which time staff members meet with them to discuss their problems, orient them to the Center, and ultimately assign them to a therapeutic program.

The program extends for a maximum of 120 days. Men cross-transfer between tracks if they may benefit more from a different approach.

After successful completion of the NDRC program, patients may either be returned to duty or discharged to civilian life—depending upon the subject's demonstrated capacity and the needs of the Navy.

A high return-to-duty rate is not necessarily regarded as an indication of therapeutic success. All recom-

mendations for return to duty or for discharge from the service are evaluated by a special board consisting of two line officers, one medical officer, and the commanding officer. The qualifications of men who return to duty must conform to high and stringent standards and, at present, most patients completing treatment are discharged to civilian life. If there is evidence that treatment has not been successful and that a drug problem still exists, patients are transferred directly to the Veterans Administration.

Both Marines and Navymen are treated at NDRC Miramar. The Center received the majority of its clientele through the Exemption Program which provides that punishment be withheld for men who voluntarily seek treatment for drug abuse.

#### Spelling Out the Program

**T**HE PROGRAM is not set up for drug detoxification and all personnel requiring medically supervised withdrawal will be treated at a naval hospital.

Patients wear the uniform of their respective services and adhere to all naval and base regulations.

environment is not one of operational urgency where every second counts, but one of personal urgency where every thought or expression is vital.

A few Navymen and Navywomen look upon the drug rehabilitation centers as a kind of haven for malcontents and malingerers where they are "pampered" and "coddled" until "processed" out the back door of the Navy. This is simply not the case. Unfortunately, many of the personnel treated at rehabilitation centers are eventually discharged. However, in every case, the decision to separate a member from active duty is reviewed and approved by the Enlisted Performance Division here in the Bureau of Naval Personnel. Successful rehabilitation is dependent on the individual's willingness to change. Those who do not respond to therapy and are eventually separated must live with the social and economic disadvantages usually accorded to a person with a drug-related discharge as well as the ever-present legal and physical danger associated with the drug or drugs.

**A**FTER HAVING VISITED the center in San Diego on two separate occasions, I am confident that it is fulfilling its mission. The staff at NDRC Miramar, like that of its counterpart in Jacksonville, is a group of professional Navymen and civilians who are dedicated to helping their shipmates. Admittedly, it is hard to measure the "success" of something like a drug rehabilitation center until you look into the life of someone who has benefited from the therapy, especially someone who has been returned to active duty. Hopefully, everyone who becomes a member at one of our

drug centers will benefit from the program, but there is no guarantee of complete rehabilitation. In fact, the only claim that the staff at NDRC Miramar makes is: "That a man is better when he leaves than when he arrived." When you think about it, that is quite a claim for any command.

As I left the center I could not help wondering where some of the members would be if someone would have taken an interest in them before they "got into drugs." No doubt there are many reasons why people become involved with drugs but some of the simpler states of boredom, depression, anxiety, ignorance and lack of dignity and self-esteem are a few of the situations that most of us can observe and relate to as leaders and shipmates.

A person's self-esteem or self-image, for example, is built in part from the statements others make about him and the way they behave towards him. Each of us is a kind of mirror through which others see themselves. Not unlike a row of dominoes, human behavior is interrelated and this is why it is important to be positive, knowledgeable and understanding. There is a lot to be said about being friendly, inviting a shipmate to a game or a night out or even taking a man aside and sharing a book or a word of advice about drugs. When you get right down to it, that is what being a good shipmate and leader is all about. If you would lay down your life in battle for a shipmate, doesn't it make sense to learn the facts about harmful drugs and then share them with your shipmates?

I certainly think it does! Take an interest in the drug problem. Learn the facts about drugs and drug abuse. Protect yourself and your shipmates.



Military staff members also wear their uniforms.

The question is often raised as to whether the flavor of a military setting imparted by uniforms and the hierarchy designated by rank hinders therapy. It has been our impression that it does not. In fact, if a realistic confrontation and resolution of problems with rank, authority, and military structure is to occur, the wearing of the uniform is essential. In any event, once a therapeutic relationship has been established, uniforms tend to become irrelevant.

In addition to the therapeutic programs, the rehabilitation center contains educational and vocational training services. A man's service record is reviewed shortly after his arrival. His educational and vocational deficiencies are noted and an appointment is scheduled with the Educational Services Office. During this interview, the patient is offered high school equivalency training, college level courses and a wide variety of occupational placements. The object here is that whether a man remains in the service or leaves, his chances of maintaining his self-esteem and realizing his life's goals are enhanced if he has acquired some education and/or vocational skills which he can turn

the possibility of premature separation, thus became an avenue of attempted escape for young, disenchant-ed men who wanted a quick and easy way out of an unhappy situation. It has been discovered, however, that if even the most verbally abusive and uncooperative patients are retained at the Center beyond the first one or two weeks, the patients' initial apprehension, hostility and uncertainty begin to dissipate and they begin more realistically to explore the internal problems existing in their own personalities instead of issuing blanket denunciations of the world at large.

When capable of lowering their defensive barriers, the patients then expose feelings of low self-esteem, identity problems, inability to handle intimate situations, and frustrated strivings for acceptance along with recognition in a world which appears too complex and indifferent.

Once these basic conflict areas have been confronted, it is then possible to deal with the patients in the spirit of mutual respect and confidence which is necessary for therapy to exist. The fact that this has occurred is a tribute to the sincerity and obvious concern and dedication of the entire staff of the Center.

to useful purpose. As with many other areas of the total program, consideration is directed toward the needs of the whole person rather than focusing exclusively upon his extent of drug involvement.

#### Background of Patients

**P**ERHAPS THE GREATEST single problem encountered by the staff of the rehabilitation center was that most patients arrive without motivation either for rehabilitation or for continued military service. Young, healthy and receiving regular pay checks, most of the men were still involved in drug abuse at a stage where it appears to be fun. *Almost none have had the degrading personal experiences which become the lot of the addict whose luck has run out.* As a result, many are at first reluctant to take their drug usage seriously.

Many past and current patients claim that their drug abuse is primarily situational and will resolve itself if they are separated from the military service. A few claim that drugs might possibly constitute a source of future trouble but they express a desire for follow-up care at civilian agencies of their own choosing. Many patients are initially hostile to the idea of rehabilitation, especially in a military setting.

Administrative difficulties with the trial Amnesty Program instituted in Vietnam in May 1971, and the Exemption Program which subsequently replaced it, resulted in a majority of the early patients arriving at NDRC with the intention of obtaining separation from the military. They had the expectation that claiming exemption from prosecution for their confessed (real or fabricated) drug abuse would guarantee them a discharge under honorable conditions regardless of their participation in a rehabilitation program.

The drug abuse program, by being associated with

#### Admissions Level Off

**A** SECOND MAJOR PROBLEM was the dramatic influx of patients during the first hectic weeks of operation. By the end of September 1971, more than 500 men had been admitted to the Center and approximately 348 were still in residence. This number exceeded the Center's original capacity by 75 per cent.

However, by October, admission to the Miramar Drug Center was limited and an accelerated and intensive screening of the men in residence took place so that poorly motivated men could be released. Because of these circumstances, any effort to assign men systematically to the various therapy tracks was impossible. Currently, with the patient population reduced to a more manageable level, assignments are made more in accordance with the patient's specific needs and problem areas.

**C**ONTROL OF DRUG TRAFFIC is a continuing problem. Drugs can become available wherever the demand exists—even in prisons and in locked psychiatric wards. It was inevitable, probably, that they should also show up among patients at Miramar.

The Center is not a security area; there are no fences, spotlights or guards. There are 16 outside doors in the barracks and none of the windows are locked. Despite periodic urine screens which occur randomly twice a week, and inspections of the living spaces, drugs continue to appear from time to time, depending primarily upon the type of patient population and the extent to which peer pressure in the therapy tracks can be mobilized against their importation.

In a rehabilitation setting, some backsliding is to be expected. When it occurs, it is dealt with initially with-



in the therapeutic community. If the extent of drug use has become flagrant or a question of dealing is involved, the matter then becomes a situation involving the commanding officer.

Excessive positive urines and/or continued drug trafficking is considered to be indicative of poor motivation and may become grounds for disciplinary action and/or dismissal from the program.

Another significant problem area faced by any drug treatment center of whatever type and whatever location, is the matter of gaining acceptance by the local community—in this case the military population stationed at the Naval Air Station.

There was an initial tendency to project many fears and worries upon the rehabilitees. There was also a tendency to resent the renovated barracks in which they lived and the imagined pampered quality of their lifestyle, to say nothing of misconceptions regarding "therapy." This is a term often subject to the broadest of interpretations, even in professional circles.

To the Center's staff, a group of patients sitting with their primary counselor under a tree constituted a valid discussion group. To a passing sailor putting

has lately made in drug education, our patients, as a whole, manifest a general lack of realistic information about the drugs they have been using, despite their claims of expertise gained from extensive self-administration. Most are ignorant of significant medical side effects of the drugs, or take comfort in the belief that "it can't happen to me."

Many are critical of the customary forced didactic lecture sessions to which they have been exposed, both in the military and in civilian schools, and they indicate they got more from informal drug discussion groups. One of the frequently raised arguments is the claim by the young enlisted man that he can't trust anyone from the establishment who has been assigned the task of disseminating information on drugs and drug abuse.

#### How Is Success Measured?

THE SUCCESS OF A PROGRAM such as this is hard to quantify, although one of the stock questions invariably asked by visitors is "How much success are you having?" Evaluation of success is at least partly

in a 12-hour work day, however, they were "goofing-off." The situation was not aided by the fact that, on occasion, especially during the early months of the program, the rehabilitees drew attention to their own presence thereby proclaiming to the air station at large that they were the "Druggies" from "Rehab."

These problems, wholly understandable, are not unusual in any program which establishes a facility to care for persons regarded with suspicion by the local community. The situation has been handled by maintaining good relations with the other facilities on the base and by ensuring that the rehabilitees obey the same rules and standards of appearance, behavior and conduct as do the other residents of the air station.

#### Internal Communications

CONSIDERING THE CHARACTER of the Center and the diversity of its staff, considerable emphasis had to be placed upon maintaining internal communications. The organization is a line command in which a physician administers the major operational department which employs civilians ranging from social workers to ex-addicts. It has the job of providing a rehabilitation effort to a group of angry and rebellious young men who aren't altogether certain they wish be rehabilitated. Such a command is, by its very nature, an unusual community and requires great flexibility, patience and forbearance on the part of all staff members.

Many staff meetings were necessary to establish the atmosphere of mutual trust and respect which now exists. That such an atmosphere does exist is again a tribute to the staff who weathered the initial throes of uncertainty and confusion.

In view of the considerable effort which the nation

a function of time—how long the patient remained off drugs—and this is, of course, impossible to say at the present.

Follow-up questionnaires are planned for patients who have returned to civilian life and will be mailed at intervals of six months, one and two years. Over 1300 patients have come through the Center since its inception and, the process of follow-up has just begun.

Determination of the status of patients returning to the military is more easily obtainable. So far, only three cases of unsuccessful adjustment to the military are shown, although the time factor is so short that this figure is scant cause for celebration.

It must ultimately be admitted that many, perhaps most, of our accomplishments will turn out to be relatively intangible. It may be measured as a man who feels better; who has a better relationship with himself and his society; whose pattern of drug use has shifted from harmful drugs to more innocuous substances; or who has simply grown up a bit because someone was willing to spend some time with him. These results are difficult, if not sometimes impossible, to measure.

Recognizing this, the Center is now embarking upon an extensive program evaluation which hopefully will provide new insights to the drug abuse problem.

*The Naval Drug Rehabilitation Centers at Miramar and Jacksonville make up but one element of the Navy effort in the Drug Abuse Control Program. They treat individuals who have been evaluated as drug dependent—either physically or psychologically. More local counseling efforts with drug "experimenters" and non-addicted users are carried out by 30 Counseling and Rehabilitation Effort (CARE) Centers. Watch for a report in a future issue of ALL HANDS focusing on this aspect of the program.*



## letters

### PREP Participation

SIR: After 17 years of naval service, I still lack two high school credits for my diploma.

I enrolled at Waukegan High School under the PREP Program, or so I thought. I completed Veterans Administration form 21E-1990p and got the necessary signatures only to receive a call from the local VA office saying that the GI Bill will pay for the courses but that it will be counted off my 36 months' entitlement. I was told that PREP courses have to be set up through the educational office and held through a base program.

I would appreciate some clarification concerning the PREP program.—C. H. H. EMCM.

• Under PREP legislation all schools and colleges offering PREP programs must be approved by the VA state approving agency. PREP programs, once approved, are usually offered on military installations in order to make them readily available to military personnel. However, if a school is approved, military personnel may attend the school itself.

There are basically two kinds of PREP. One is for the enrollment of personnel in high school courses required to earn a high school diploma.

The other provides for remedial, refresher, and deficiency work which an individual who has a high school diploma needs in order to qualify for entry into postsecondary training. OpNavInst 1560.5 of 10 Mar 72 provides that military educational services officers may certify a serviceman's application for PREP only for courses in remedial English and math. Guidelines with regard to GCT scores are provided to assist the educational services officer in making such a certification. All other certifications as to need for a high school diploma or other remedial, refresher or deficiency work must be made by the institution which is VA-approved to offer PREP.—Ed.

### Practical Factors

SIR: I would like clarification of paragraph 105.2C of the Manual of Advancement which states in part: "All military requirements as contained in the Manual of Qualifications for Advancement in Rating, up to and including the pay grade for which qualifying, must be completed prior to participation in military/leadership examination."

My interpretation concerning practical factors differs from that of the local personnelman, in that only the military practical factors and not the professional must be completed before a man is eligible to take the leadership

exam. The personnelman contends that all practical factors, including professional, must be completed before a man can take the leadership exam.—H.M.L. YNCS.

• We have been informed that your interpretation is correct. In this way, a member who may fail the Mil/Lead examination one time can try again without forfeiting a semiannual exam for promotion.—Ed.

### Mothball Fleet

SIR: In 1957, while traveling by train from Washington to California, I believe I saw a mothball fleet somewhere in the state of Oregon. Can you tell me if such a fleet existed?—A. C. AK1.

• We have been informed that in the 1950s there were two reserve fleets in Oregon. The Navy had a reserve fleet in the Columbia River. This fleet was used to berth small ships, such as PCs, PCEs, LSMs, etc. The Maritime Administration had a reserve fleet in Astoria, Ore. This fleet was used to berth old merchant ships that were no longer in service, but were being kept for mobilization should an emergency arise. Both fleets have long been disbanded and the ships moved to other Navy and Maritime Reserve Fleets or sold for scrap.—Ed.

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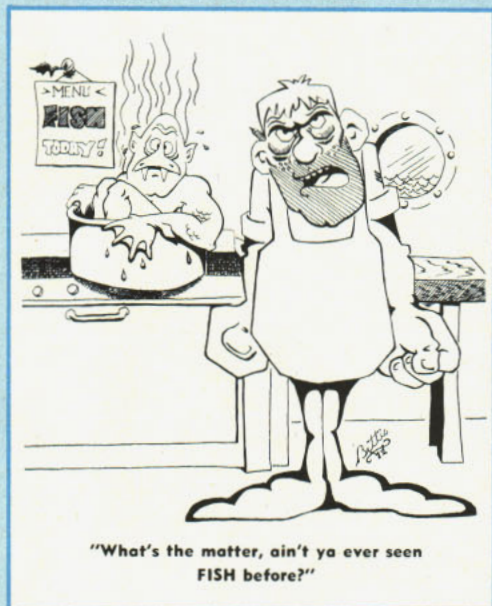
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# TAFFRAIL TALK

**E**VEN THOUGH it was thought to be a "first" in zoo history, the announced arrival of "Yakutat," a 100-pound Alaskan Blue Bear, at the famous San Diego Zoo drew relatively little attention from the public. But for those people who were involved in "Operation Blue Bear," Yakutat's safe entrance in the zoo meant a great deal—to put it mildly.

Operation Blue Bear began on a recent Friday afternoon when Captain Frank Armstrong, Eleventh Naval District assistant chief of staff for administration, put through a telephone call about "a rare bear in Alaska which was in danger of being killed." On the other end of the line was Commander Marchel Tevelson, West Coast director of the Navy's Project Handclasp.

"CAPT Armstrong had heard that Dr. Donald Kintner, the San Diego Zoo director, was interested in saving the bear," CDR Tevelson said, "and he wondered if I—with my contacts through Project Handclasp—might be able to help."

The endangered species warning had come from a 14-man Coast Guard station in the small Alaskan town of Yakutat. The male Blue Bear, also known as a glacier bear, had become a town nuisance by rummaging through homes and yards for food—and breaking into the Coast Guard station to eat his fill of cupcakes, no less.

"The townspeople were becoming upset," said CDR Tevelson, "and on top of that, hunting season was in full swing and local hunters had been stalking the bear. The time factor was vital."

"As a Navy pilot, I knew some of the problems in setting up this kind of transportation, so I started calling anybody I thought could help—Navy, Air Force, Coast Guard, Air National Guard. I didn't care as long as it might pay off." And, after what seemed like endless calls to Alaska, Washington, D. C., and all over the West Coast, CDR Tevelson's tenacity did finally pay off, with cooperation from all sides—except the weather.

"Since it was now the weekend," he said, "I was able to arrange for a special California Air National Guard training flight of a C-54 transport." After picking up Dr. Kintner's staff in San Diego, the aircraft made a stop at McCord Air Force Base in Washington State—and found out they couldn't continue because of bad weather along the flight path to Alaska.

Not willing to give up, CDR Tevelson took a gamble. "In one of my many previous calls I remembered talking to the Alaska Airlines people," he said. He called again and their cooperation was immediate, providing travel arrangements to Yakutat.

But that still wasn't the end of the problems. It took the team much longer to locate and tranquilize the bear than they had expected and, when they did succeed, the C-54 arranged for the pickup was again snowbound in Washington. Once again Alaska Airlines came to the rescue by providing travel arrangements for the zoo team and the bear to Seattle-Tacoma airport.

The rest was all downhill. The team and their Alaskan Blue Bear landed at Miramar Naval Air Station and were soon safely back at the San Diego Zoo. But it almost didn't happen that way and all who were involved agree that, if it were not for a determined Navy commander and his telephone, Yakutat's beautiful silver-blue coat would have been some hunter's prize instead.

*The All Hands Staff*

## ALL HANDS The Bureau of Naval Personnel Career

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• **A CREWMAN IN COLD WEATHER CLOTHING** stands on the flight deck of the amphibious assault ship USS Guadalcanal (LPH 7) during Operation Snowy Beach along the coast of Maine.









# PLOTTING YOUR FUTURE?

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(CHECK THE "NET WORTH BALANCE SHEET" IN THIS ISSUE)